

Reports Related to The Status of the Implementation of the Contingency Services Plan at Martin Luther King, Jr.-Harbor Hospital

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Hospital](#)

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[Report on the Impact of the Closure of Emergency
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August 20, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. 

SUBJECT: **MLK CLOSURE IMPACT REPORT**

As requested by your Board, this is the first MLK Closure Impact Report consisting of:

- 1) PRIVATE Hospital Emergency Room (ER) Impact Report
- 2) MLK Urgent Care Volume Report

The development of the Private Hospital ER Impact Report was coordinated by the Department's Emergency Medical Services (EMS) Agency with the affected hospitals. The goal is to provide data in a standardized format to ensure that all hospitals are reporting in a consistent manner. The attached report is for the period August 16 - 19, 2007. Future reports will cover a full week of activity. Because this is a new reporting process for the nine (9) impacted hospitals, please be advised that this is a preliminary report. Data collection parameters and procedures are being worked out with both hospitals and fire departments and will be audited by the EMS Agency.

The following MLK Urgent Care Center (UCC) Report is a full week report of the daily census of the UCC at MLK (including both adult and pediatric visits):

Mon 8/13	Tue 8/14	Wed 8/15	Thu 8/16	Fri 8/17	Sat 8/18	Sun 8/19
Peds - 8	Peds - 11	Peds - 8	Peds - 10	Peds - 7	Peds - 8	Peds - 2
Adult - 42	Adult - 60	Adult - 46	Adult - 46	Adult - 39	Adult - 15	Adult - 21

This report will be provided on a weekly basis until trends are established and understood. If you have any questions regarding these reports, please contact Carol Meyer, Director of Governmental Affairs, at (213)240-8370.

BC:cm

Attachment (1)

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Emergency Medical Services Agency
DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

DATE: 8/16/07 (Thursday)	CAL	CNT	DCH	DHL	KFB	LBM	MHG	SFM	WMH
No. of ED Beds	26	35	22	14	45	53	8	39	28
TOTAL ED PTS	*	*	136	99	*	*	*	174	*
WALK-IN PTS	*	*	120	80	*	*	*	148	*
MLK WALK-IN PTS	*	*	53	5	*	*	*	57	*
9-1-1 TRANSPORTS	*	*	16	19	*	*	*	25	*
MLK 9-1-1 TRANSPORTS	*	*	8	3	*	*	*	13	*
ADMITTED MLK PTS	*	*	*	*	*	*	*	9	*

DATE: 8/17/07 (Friday)	CAL	CNT	DCH	DHL	KFB	LBM	MHG	SFM	WMH
No. of ED Beds	26	35	22	14	45	53	8	39	28
TOTAL ED PTS	167	*	152	94	214	200	*	177	102
WALK-IN PTS	109	*	126	78	188	100	*	138	84
MLK WALK-IN PTS	38	*	58	4	4	0	*	68	14
9-1-1 TRANSPORTS	53	*	36	16	26	55	*	39	18
MLK 9-1-1 TRANSPORTS	16	*	8	1	9	0	*	20	0
ADMITTED MLK PTS	5	*	*	*	10	*	*	10	2

DATE: 8/18/07 (Saturday)	CAL	CNT	DCH	DHL	KFB	LBM	MHG	SFM	WMH
No. of ED Beds	26	35	22	14	45	53	8	39	28
TOTAL ED PTS	164	*	143	*	236	*	89	176	120
WALK-IN PTS	98	*	106	*	216	*	66	133	108
MLK WALK-IN PTS	29	*	39	*	7	*	25	57	4
9-1-1 TRANSPORTS	62	*	37	*	20	*	15	43	12
MLK 9-1-1 TRANSPORTS	12	*	13	*	5	*	11	15	1
ADMITTED MLK PTS	7	*	*	*	5	*	4	11	3

DATE: 8/19/07 (Sunday)	CAL	CNT	DCH	DHL	KFB	LBM	MHG	SFM	WMH
No. of ED Beds	26	35	22	14	45	53	8	39	28
TOTAL ED PTS	194	*	155	84	231	*	83	161	110
WALK-IN PTS	108	*	133	67	203	*	70	119	101
MLK WALK-IN PTS	35	*	49	*	6	*	34	67	15
9-1-1 TRANSPORTS	76	*	22	17	27	*	10	42	9
MLK 9-1-1 TRANSPORTS	18	*	7	1	10	*	7	15	3
ADMITTED MLK PTS	8	*	*	*	6	*	3	8	2

*not reported



Health Services
LOS ANGELES COUNTY

August 24, 2007

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TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **REPORT ON THE IMPLEMENTATION OF THE BILINGUAL
COMMUNICATION OUTREACH PROGRAM RELATED TO
RECENT SERVICE CHANGES AT MARTIN LUTHER KING, JR. –
HARBOR HOSPITAL**

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

This is to provide you with an update of the Department's Bilingual Communication Outreach Program, which was developed and implemented in response to service changes at Martin Luther King, Jr. – Harbor Hospital (MLK-H).

The two primary messages of the campaign are to inform the community that:

1. The Emergency Department has closed
2. Urgent Care services are available 7 days a week, from 8:00 AM to 12 midnight, in addition to the 70 outpatient clinics, which continue to operate at their regular schedule

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The bilingual campaign includes almost 500 radio spots airing over 6 weeks; a direct mail brochure to 300,000 households in the MLK-H service area that includes a map and listing of regional hospitals with emergency rooms, and clarification of Urgent Care versus Emergency Department services; print ads placed in target community newspapers including the Watts Times and La Opinion; 2,000 interior bus cards on area bus routes and bus shelter posters; and 100,000 bilingual fliers for distribution to community advocacy groups, elected official field offices and community stakeholders.

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Attached is a more detailed description of the communication plan and its elements, as well as a sample of the written materials.

If you have any questions, please let me know.

BAC:rs

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



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The Public Education Community Outreach Materials Include

Communication Type	Numbers	Start	Comments
1. Radio Spots	485 - 219 English - 266 Spanish	Monday, August 20, 2007 Wednesday, August 22, 2007	Of the commercials in English, 114 ads will air on KJLH, the remaining 105 will air on other stations reaching targeted African-American audiences The Spanish commercials began airing on Univision stations KSCA-FM, KLVE-FM
2. Quarter-Page Newspaper Ads	- 6 English - 6 Spanish	Monday, August 27, 2007	6 ads placed in the Compton Bulletin, CA Crusader, LA Watts Times, and ACC news. Ads are staggered. 6 Hispanic quarter page ads in La Opinion
3. Direct Mailout	300,000 English & Spanish	Tuesday, September 04, 2007	Distribution to area households
4. Flyers	100,000	Tuesday, September 04, 2007	Flyers are in both English and Spanish
5. Interior Bus Signs	2000 English and Spanish	Thursday, August 30, 2007	Signs are to remain in place for 6 weeks
6. Bus Shelter Signs	10 - 5 English - 5 Spanish	Thursday, August 30, 2007	Placement within 3 miles of MLK
7. Countertop Posters	100	Wednesday, August 29, 2007	<ul style="list-style-type: none"> • Clear Channel will distribute 20 to grocery stores in the area: Food 4 Less, Superior, and Amapola • MLK Hospital personnel will distribute 80: within the hospital, to outlying clinics, and to the community associations with which they are coordinating outreach
8. Flyers	100,000	Monday, August 27, 2007	<ul style="list-style-type: none"> • 40,000 will go to the Public Information staff at MLK Hospital for distribution in the hospital, associated clinics, stakeholder groups, and associations • 60,000 flyers will be retained by Clear Channel for distribution at community and faith-based events, including Fiesta Patrias; and for distribution through the Archdiocese of Los Angeles



IMPORTANT NOTICE TO THE COMMUNITY

The Urgent Care Center at Martin Luther King Hospital is open 7 days a week, 8:00 a.m. until midnight to handle routine, non-emergency medical care, such as colds, fevers, sprains and other minor injuries and illnesses. Outpatient Clinics are also open. If you have an appointment, please keep it. For updated information on services available, call 211.

**The Emergency Department at the hospital has closed.
For a life-threatening emergency, call 911.**

MENSAJE IMPORTANTE PARA LA COMUNIDAD

La clínica para enfermedades comunes en el Hospital Martin Luther King está abierta los 7 días de la semana, de 8 de la mañana a 12 de la noche para tratar enfermedades comunes, como gripe, fiebre, torceduras y otras lesiones o enfermedades que no sean serias. Las clínicas para pacientes que no necesitan hospitalización también están abiertas. Si tiene una cita, por favor manténgala. Para más información de servicios o cualquier otra pregunta, llame al 211.

La sala de emergencia se ha cerrado. Para una emergencia donde existe el riesgo de perder la vida, llame al 911.

IMPORTANT MESSAGE



MENSAJE IMPORTANTE

The Urgent Care and Outpatient Clinics at Martin Luther King Hospital are open. For more information, call 211.

**The Emergency Room has closed.
For a life-threatening emergency, call 911.**

La clínica para enfermedades comunes y las clínicas para pacientes que no necesitan hospitalización en el Hospital Martin Luther King continuarán abiertas. Para más información, llame al 211.

La sala de emergencia se ha cerrado. Para emergencias donde existe el riesgo de perder la vida, llame al 911.



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August 27, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.

SUBJECT: **MLK CLOSURE IMPACT REPORT – VOLUME FOR
WEEK OF August 20 - 26**

As requested by your Board, this is ongoing MLK Closure Impact Report consisting of:

- 1) PRIVATE Hospital Emergency Room (ER) Impact Report
- 2) MLK Urgent Care Volume Report

Beginning this week the EMS Agency will begin auditing the attached data provided by the private hospitals.

The following MLK Urgent Care Center (UCC) Report is a full week report of the daily census of the UCC at MLK (including both adult and pediatric visits):

MLK UCC VOLUME REPORT

Mon 8/20	Tu 8/21	Wed 8/22	Th 8/23	Fr 8/24	Sat 8/25	Sun 8/26
57	55	65	65	70	26	32

The trend based on the above data would annualize to a patient volume at or exceeding 20,000 patient visits in the MLK UCC.

This report will be continue to be provided on a weekly basis until trends are established and understood. If you have any questions regarding these reports, please contact Carol Meyer, Director of Governmental Affairs, at 213-240-8370.

BC:cm

Attachment

Los Angeles County Emergency Medical Services Agency
DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
CAL: 26 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 150 2006 Daily Avg. ED Pts = 108	186	176	167	179	138	164	172
	WALK-IN PTS	128	122	101	117	85	99	85
	MLK WALK-IN pts	45	51	35	45	22	43	32
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 21 2006 Daily Avg. 9-1-1 = 26	54	45	62	56	48	59	72
	MLK 9-1-1 TRANSPORTS	21	13	20	13	15	16	17
	ADMITTED MLK PTS	2	8	10	11	5	9	10
CNT: 36 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 105 (CNT) 2005 Daily Avg. ED Pts = 106 (DFH) 2006 Daily Avg. ED Pts = 111 (CNT) 2006 Daily Avg. ED Pts = * (DFH)	171	178	173	157	*	*	*
	WALK-IN PTS	111	112	122	93	*	*	*
	MLK WALK-IN pts	20	30	33	17	*	*	*
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 35 (CNT) 2005 Daily Avg. 9-1-1 = 25 (DFH) 2006 Daily Avg. 9-1-1 = 29 (CNT) 2006 Daily Avg. 9-1-1 = 20 (DFH)	55	61	46	60	*	*	*
	MLK 9-1-1 TRANSPORTS	8	15	9	8	*	*	*
	ADMITTED MLK PTS	7	4	2	3	*	*	*
DCH: 22 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 129 2006 Daily Avg. ED Pts = 131	154	133	128	135	143	135	152
	WALK-IN PTS	129	103	102	113	110	110	121
	MLK WALK-IN pts	53	41	42	41	37	52	45
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 18 2006 Daily Avg. 9-1-1 = 18	24	30	21	22	33	23	29
	MLK 9-1-1 TRANSPORTS	8	8	8	12	14	9	13
	ADMITTED MLK PTS	11	11	5	7	17	10	9
DHL: 14 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 82 2006 Daily Avg. ED Pts = 97	106	97	*	97	95	84	96
	WALK-IN PTS	87	84	*	94	95	21	85
	MLK WALK-IN pts	0	0	*	0	0	0	0
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 15 2006 Daily Avg. 9-1-1 = 15	19	13	*	3	12	25	11
	MLK 9-1-1 TRANSPORTS	1	0	*	0	3	4	5
	ADMITTED MLK PTS	*	*	*	2	0	0	0
KFB: 45 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 225 2006 Daily Avg. ED Pts = 225	232	232	231	233	236	201	237
	WALK-IN PTS	202	195	207	210	216	176	204
	MLK WALK-IN pts	74	65	67	77	68	58	68
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 19 2006 Daily Avg. 9-1-1 = 17	29	37	24	23	18	25	33
	MLK 9-1-1 TRANSPORTS	11	17	13	6	11	6	12
	ADMITTED MLK PTS	5	5	18	15	25	8	18

* not reported/not available

Date Prepared: 8/27/2007 4:12 PM

Los Angeles County Emergency Medical Services Agency
DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
LBM: 53 ED Beds	TOTAL ED PTS							
	2005 Daily Avg. ED Pts = 37	*	*	*	*	*	*	*
	2006 Daily Avg. ED Pts = 37							
	WALK-IN PTS	*	*	*	*	*	*	*
	MLK WALK-IN pts	*	*	*	*	*	*	*
	9-1-1 TRANSPORTS							
	2005 Daily Avg. 9-1-1 = 208	*	*	*	*	*	*	*
MHG: 10 ED Beds	2006 Daily Avg. 9-1-1 = 221							
	MLK 9-1-1 TRANSPORTS	*	*	*	*	*	*	*
	ADMITTED MLK PTS	*	*	*	*	*	*	*
	TOTAL ED PTS							
	2005 Daily Avg. ED Pts = 62	77	89	90	68	84	90	72
	2006 Daily Avg. ED Pts = 60							
	WALK-IN PTS	57	69	68	47	67	66	57
SFM: 39 ED Beds	MLK WALK-IN pts	31	32	26	21	34	30	24
	9-1-1 TRANSPORTS							
	2005 Daily Avg. 9-1-1 = 15	13	12	19	18	13	19	9
	2006 Daily Avg. 9-1-1 = 16							
	MLK 9-1-1 TRANSPORTS	6	8	8	9	5	6	5
	ADMITTED MLK PTS	6	5	6	3	5	7	1
	TOTAL ED PTS							
WMH: 28 ED Beds	2005 Daily Avg. ED Pts = 160	222	194	165	185	168	156	168
	2006 Daily Avg. ED Pts = 141							
	WALK-IN PTS	188	156	137	144	132	128	131
	MLK WALK-IN pts	85	64	73	77	77	70	75
	9-1-1 TRANSPORTS							
	2005 Daily Avg. 9-1-1 = 34	34	37	28	40	35	28	37
	2006 Daily Avg. 9-1-1 = 31							
TOTAL for 9 Hospitals	MLK 9-1-1 TRANSPORTS	10	18	11	17	15	12	9
	ADMITTED MLK PTS	8	10	9	16	19	11	15
	TOTAL ED PTS							
	2005 Daily Avg. ED Pts = 105	140	122	104	108	104	109	104
	2006 Daily Avg. ED Pts = 90							
	WALK-IN PTS	126	95	93	102	88	92	97
	MLK WALK-IN pts	12	16	11	12	13	11	6
TOTAL for 9 Hospitals	9-1-1 TRANSPORTS							
	2005 Daily Avg. 9-1-1 = 14	14	9	11	6	16	17	7
	2006 Daily Avg. 9-1-1 = 13							
	MLK 9-1-1 TRANSPORTS	6	4	1	1	2	4	2
	ADMITTED MLK PTS	7	8	0	9	8	4	4
	TOTAL ED PTS							
	2005 Daily Avg. ED Pts = 105	1288	1221	1058	1162	968	939	1001
TOTAL for 9 Hospitals	2006 Daily Avg. ED Pts = 90							
	WALK-IN PTS	1028	936	830	920	793	692	780
	MLK WALK-IN pts	320	299	287	290	251	264	250
	9-1-1 TRANSPORTS	242	244	211	228	175	196	198
	MLK 9-1-1 TRANSPORTS	71	83	70	66	65	57	63
	ADMITTED MLK PTS	46	51	50	66	79	49	57
	TOTAL ED PTS							

* not reported/not available

Date Prepared: 8/27/2007 4:12 PM



Health Services
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September 4, 2007

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John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **MLK CLOSURE IMPACT REPORT – VOLUME FOR
WEEK OF AUGUST 27 – SEPTEMBER 3, 2007**

As requested by your Board, this is to provide you with the weekly
MLK Closure Impact Report consisting of:

- 1) MLK Urgent Care Volume Report
- 2) PRIVATE Hospital Emergency Room (ER) Impact Report

The following MLK Urgent Care Center (UCC) Report is a full week
report of the daily census of the UCC at MLK (including both adult and
pediatric visits):

MLK UCC VOLUME REPORT

Mon 8/27	Tue 8/28	Wed 8/29	Thu 8/30	Fri 8/31	Sat 9/1	Sun 9/2
73	61	51	58	53	27	30

This report will continue to be provided on a weekly basis until trends
are established and understood.

If you have any questions or need additional information, please let me
know.

BC:cm
708:004

Attachment

c: Chief Executive Office
County Counsel
Executive Officer, Board of Supervisors

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Los Angeles County Emergency Medical Services Agency
DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
CAL: 26 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 150 2006 Daily Avg. ED Pts = 108	186	176	167	179	138	164	172
	WALK-IN PTS	128	122	101	117	85	99	85
	MLK WALK-IN pts	45	51	35	45	22	43	32
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 21 2006 Daily Avg. 9-1-1 = 26	54	45	62	56	48	59	72
	MLK 9-1-1 TRANSPORTS	21	13	20	13	15	16	17
	ADMITTED MLK PTS	2	2	7	5	4	6	2
CNT: 36 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 105 (CNT) 2005 Daily Avg. ED Pts = 106 (DFH) 2006 Daily Avg. ED Pts = 111 (CNT) 2006 Daily Avg. ED Pts = * (DFH)	171	178	173	157	180	162	171
	WALK-IN PTS	111	112	122	93	124	114	114
	MLK WALK-IN pts	20	30	33	17	21	28	14
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 35 (CNT) 2005 Daily Avg. 9-1-1 = 25 (DFH) 2006 Daily Avg. 9-1-1 = 29 (CNT) 2006 Daily Avg. 9-1-1 = 20 (DFH)	55	61	46	60	63	43	52
	MLK 9-1-1 TRANSPORTS	8	15	9	8	10	9	5
	ADMITTED MLK PTS	7	4	2	3	5	1	0
DCH: 22 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 129 2006 Daily Avg. ED Pts = 131	154	133	128	135	143	135	152
	WALK-IN PTS	129	103	102	113	107	110	125
	MLK WALK-IN pts	53	41	42	41	30	49	46
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 18 2006 Daily Avg. 9-1-1 = 18	24	30	21	22	36	27	26
	MLK 9-1-1 TRANSPORTS	8	8	8	12	14	10	13
	ADMITTED MLK PTS	11	11	5	7	11	7	7
DHL: 14 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 82 2006 Daily Avg. ED Pts = 97	106	97	*	97	95	84	96
	WALK-IN PTS	87	84	*	94	95	21	85
	MLK WALK-IN pts	0	0	*	0	0	0	0
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 15 2006 Daily Avg. 9-1-1 = 15	19	13	*	3	12	25	11
	MLK 9-1-1 TRANSPORTS	1	0	*	0	3	4	5
	ADMITTED MLK PTS	*	*	*	2	0	0	0
KFB: 45 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 225 2006 Daily Avg. ED Pts = 225	232	232	231	233	236	201	237
	WALK-IN PTS	202	195	207	210	216	176	204
	MLK WALK-IN pts	74	65	67	77	68	58	68
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 19 2006 Daily Avg. 9-1-1 = 17	29	37	24	23	18	25	33
	MLK 9-1-1 TRANSPORTS	11	17	13	6	11	6	12
	ADMITTED MLK PTS	5	5	18	15	25	8	18

* not reported/not available

Date Prepared: 9/4/2007 10:36 AM

Los Angeles County Emergency Medical Services Agency
DAILY POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Poll Questions	8/20/2007	8/21/2007	8/22/2007	8/23/2007	8/24/2007	8/25/2007	8/26/2007
LBM: 53 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 37 2006 Daily Avg. ED Pts = 37	*	*	*	*	*	*	*
	WALK-IN PTS	*	*	*	*	*	*	*
	MLK WALK-IN pts	*	*	*	*	*	*	*
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 208 2006 Daily Avg. 9-1-1 = 221	*	*	*	*	*	*	*
	MLK 9-1-1 TRANSPORTS	*	*	*	*	*	*	*
	ADMITTED MLK PTS	*	*	*	*	*	*	*
MHG: 10 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 62 2006 Daily Avg. ED Pts = 60	77	89	90	68	84	90	72
	WALK-IN PTS	57	69	68	47	67	66	57
	MLK WALK-IN pts	31	32	26	21	34	30	24
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 15 2006 Daily Avg. 9-1-1 = 16	13	12	19	18	13	19	9
	MLK 9-1-1 TRANSPORTS	6	8	8	9	5	6	5
	ADMITTED MLK PTS	6	5	6	3	5	7	1
SFM: 39 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 160 2006 Daily Avg. ED Pts = 141	222	194	165	185	168	156	168
	WALK-IN PTS	188	156	137	144	132	128	131
	MLK WALK-IN pts	85	64	73	77	77	70	75
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 34 2006 Daily Avg. 9-1-1 = 31	34	37	28	40	35	28	37
	MLK 9-1-1 TRANSPORTS	10	18	11	17	15	12	9
	ADMITTED MLK PTS	8	10	9	16	19	11	15
WMH: 28 ED Beds	TOTAL ED PTS 2005 Daily Avg. ED Pts = 105 2006 Daily Avg. ED Pts = 90	140	122	104	108	104	109	104
	WALK-IN PTS	126	95	93	102	88	92	97
	MLK WALK-IN pts	12	16	11	12	13	11	6
	9-1-1 TRANSPORTS 2005 Daily Avg. 9-1-1 = 14 2006 Daily Avg. 9-1-1 = 13	14	9	11	6	16	17	7
	MLK 9-1-1 TRANSPORTS	6	4	1	1	2	4	2
	ADMITTED MLK PTS	7	8	0	9	8	4	4
TOTAL for 9 Hospitals	TOTAL ED PTS	1288	1221	1058	1162	1148	1101	1172
	WALK-IN PTS	1028	936	830	920	914	806	898
	MLK WALK-IN pts	320	299	287	290	265	289	265
	9-1-1 TRANSPORTS	242	244	211	228	241	243	247
	MLK 9-1-1 TRANSPORTS	71	83	70	66	75	67	68
	ADMITTED MLK PTS	46	45	47	60	77	44	47

* not reported/not available

Date Prepared: 9/4/2007 10:36 AM



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LOS ANGELES COUNTY

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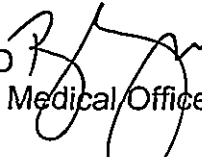
*To improve health
through leadership,
service and education.*



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September 7, 2007

TO: Each Supervisor

FROM: Bruce Chernof, MD 
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN
LUTHER KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with a weekly report on the status of the Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 303 adult urgent care visits in the week ending August 25, 2007 (Attachment I). This is comparable to the number of visits for the same week last year (290 visits in the week ending August 26, 2006). In addition, 52 pediatric urgent care visits were provided during the week ending August 25, 2007. This is consistent with the Department's annualized projection of 20,000 urgent care visits per year.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits remained level in July and August 2007 (Attachment I). The number of outpatient primary and specialty care visits for the week ending August 25, 2007 was 2,036.

Patient Transportation for Scheduled Appointments

Transportation services are available between MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

In August 2007, MLK provided transportation to 470 patients and companions. This compares to 426 patients and companions who were provided transportation in July 2007 and reflects an increase of 10%.

2-1-1 Call Volume and Campaign to Inform Community of Service Changes

In August 2007 there were 308 calls to 2-1-1 related to MLK. This compares to 268 calls in July 2007 and reflects an increase of 15%. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC. DHS is in close contact with 2-1-1 to monitor call volume and update messages as appropriate.

The bilingual media campaign to educate South Los Angeles community residents about MLK service changes has been fully implemented and all print and broadcast elements are now running. The key messages of the campaign are to notify residents that urgent care and clinic services are open, and emergency and inpatient services are closed. Components of the media campaign include:

- A total of 485 radio spots have begun airing on Hispanic and African- American stations. The Spanish commercials are airing on Univision stations and the English ads are airing predominantly on KJLH.
- Quarter-page print ads are running in the Compton Bulletin, CA Crusader, LA Watts Times and ACC; quarter-page ads are also running in La Opinion.
- A bilingual direct mailout has been sent to 300,000 residences in the MLK service area, and 10,000 bilingual flyers have been distributed to area churches and public housing projects, in addition to key community partner and advocacy groups.
- 2,000 bilingual interior bus signs are running in bus routes in the MLK service area; 10 bus shelter signs are also posted within 3 miles of the MLK MACC.

In addition to the campaign, the Department continues to pursue public relations opportunities to help drive the messages of the campaign and educate the community about available services. KCET will air an upcoming segment on the service changes and future of the facility, and the Department continues to reach out to both general market and Spanish-language public affairs programs, in addition to providing regular updates to local beat reporters.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As part of the MLK contingency plan, the Emergency Medical Services (EMS) Agency, in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private

hospitals were designated as "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients and priority for transfers into the County and MetroCare contract facilities.

There is no doubt that the redirection of 9-1-1 and walk-in patients has impacted surrounding private and public hospitals. The EMS plan was structured to distribute patients proportionately to the degree possible. Patient volumes and emergency department visits will be monitored by the EMS Agency on an ongoing basis.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending September 1, 2007 a total of 1,168 patients registered in their emergency departments (Attachment II). This compares to 1,178 patients during the week ending August 25, 2007 and reflects a 1% decrease. Harbor-UCLA Medical Center experienced a 3% decrease in emergency department patient registration during this time period from 213 in the week ending August 25 to 207 in the week ending September 1. LAC+USC Medical Center also experienced a 3% decrease from 432 to 419 emergency department patients. This data is self-reported by the hospitals.

DHS is conducting additional analysis of the impact of the closure of MLK-Harbor Hospital on the nine impacted private hospitals. The nine impacted private hospitals did not routinely collect data in a standardized way on the number of emergency department visits prior to DHS requesting this information for the week ending August 25, 2007. For this reason DHS is not able to readily compare data for the weeks before and after the MLK-Harbor Hospital closure. DHS is working with the Hospital Association of Southern California (HASC) to develop a methodology to obtain baseline data for the nine impacted private hospitals. In addition, DHS is obtaining Office of Statewide Health Planning and Development (OSHPD) data on hospital admissions and emergency department visits by patient's ZIP code. This data will allow DHS to monitor trends in where patients from the MLK service area are obtaining inpatient and emergency department care before and after the closure of MLK-Harbor Hospital. DHS will report on this data in future weekly reports.

9-1-1 Transports

During the week ending September 1, 2007, there were a total of 244 9-1-1 transports to the nine impacted private hospitals (Attachment II). This compares to 240 9-1-1 transports during the week ending August 25, 2007 and reflects a 2% increase. Harbor-UCLA Medical Center experienced a 33% increase in 9-1-1 transports from 60 to 80. LAC+USC Medical Center had a 2% decrease from 46 to 45. This data is self-reported by the hospitals.

Baseline information on 9-1-1 transports is not currently available for the nine impacted private hospitals for the weeks preceding the closure of MLK-Harbor Hospital. There is a 90 to 120 day delay in the submission of data by fire departments as allowed by their contracts. DHS is working with its EMS Agency to develop a methodology for obtaining this information and will include it in future reports.

The Los Angeles City Fire Department has reported an increase in 9-1-1 calls of approximately 6 to 7 calls per day. The Los Angeles County Fire Department has reported no increase in call volume but has experienced extended transport and emergency department wait times.

The nine impacted private hospitals are reporting an increase in the number of 9-1-1 patients that exceeds the number previously seen at MLK-Harbor Hospital, which was approximately 30 per day. These hospitals may have previously been receiving patients from the MLK service area for reasons such as:

- EMS staff estimate that 4 to 6 patients per day may have gone to private hospitals when MLK-Harbor was on diversion.
- Patients in the ZIP codes surrounding MLK may have requested to be taken to other facilities if they had private insurance and their medical problems were not deemed life threatening by the paramedics.
- There may be an overall increase in calls to paramedics from the MLK ZIP codes since the hospital closure.
- These data may include non-9-1-1 ambulance traffic such as intra-facility transfers.

DHS will work with the impacted private hospitals and the EMS Agency to analyze these possibilities and overall trends and will include additional information and analysis in future reports.

Emergency Department Diversion

In August 2007, DHS hospitals were on diversion to 9-1-1 traffic due to saturation of their emergency departments 28% of the time (842 hours) (Attachment III). This is a decrease from August 2006 when they were on diversion 46% of the time (1,342 hours). The nine impacted private hospitals were on diversion 12% of the time in August 2007 (530 hours) and 13% of the time in August 2006 (568 hours). Among the nine impacted private hospitals the only significant increase in the percentage of time on diversion when comparing August 2006 and August 2007 occurred at Downey Regional Medical Center which was on diversion 13% of the time in August 2006 and 24% of the time in August 2007. Also, on September 5, 2007, Downey experienced a patient surge and requested diversion of all ambulance traffic which lasted approximately 16 hours. DHS contacted Downey and assisted with the transfer of appropriate patients to DHS facilities. EMS will work with Downey and other hospitals to analyze surges and to take appropriate action.

Employee Mitigation and Transfer

On September 6, 2007, DHS began providing all 1,596 MLK employees with their mitigation letters informing them of their assigned work locations. Of these, 809 employees were assigned to the MLK MACC. Twenty-two (22) employees have not been reassigned pending resolution of performance issues. The remaining employees

have been assigned to other DHS and County facilities. As of mid-day today approximately 700 employees had presented to receive their mitigation letters. Distribution of the letters will continue today and through the weekend. Also, over the weekend, managers will be contacting employees by phone who did not present in person to receive their mitigation letter to notify them of their work location assignment. In addition, registered letters will be sent to the home address of each employee who did not pick up a letter. Employees will begin reporting to their new assignments on Monday, September 10, 2007.

Progress to Reopen MLK-Harbor Hospital

Hammes Company has been retained to work with the County to identify qualified operators who have the capability and interest in operating MLK on the current hospital site. The next step of their process is to request submissions from the potential operators and pre-qualify them based on their proven ability to operate hospitals, their financial stability, and their understanding of the Southern California hospital marketplace and the unique needs of the South Los Angeles community.

Beginning September 5, Hammes placed public advertisements in major Southern California newspapers (LA Times, LA Sentinel, La Opinion, LA Daily News, Long Beach Press Telegram) as well as two national publications (Wall Street Journal, Modern Healthcare) inviting interested parties to contact Hammes to request a prequalification package.

Hammes expects this stage of their work to take a total of four months. While the formal solicitation process is proceeding, the consultants have also contacted several of the large hospital operators that they believe are capable of carrying out a project like MLK to determine their preliminary interest in submitting a proposal in response to the County's Request for Solutions.

Hammes is also working with DHS to develop a 'data room', which will have all of the necessary information about the hospital, its facilities, services, staffing history and operations so the proposers can make an informed submission. Data will be made available to qualified proposers who have signed the necessary confidentiality agreements.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County – Department of Health Services

MARTIN LUTHER KING, JR. – MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending August 25, 2007*

Visit Type	7/21/07	7/28/07	8/4/07	8/11/07	8/18/07	8/25/07	Trend Indicator**
Urgent Care	260	284	263	232	190	303	↑
Primary and Specialty Care	1,989	1,983	1,874	1,867	2,050	2,036	→

* Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 p.m.

** Trend indicator is calculated by comparing current week to average of previous five weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume		
	Week of Aug. 19 to 25, 2007	Week of Aug. 26 to Sep. 1, 2007	% Change in Average Daily Volume from Week of Aug. 19-25, 2007
California Hospital Medical Center: 26 Emergency Department Treatment Stations			
# of Patients Registered in the ED	172	172	0
# of 9-1-1 Transports	57	55	-4
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations			
# of Patients Registered in the ED	168	163	-3
# of 9-1-1 Transports	54	53	-2
Downey Regional Medical Center: 22 Emergency Department Treatment Stations			
# of Patients Registered in the ED	140	138	-1
# of 9-1-1 Transports	26	28	+7
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations			
# of Patients Registered in the ED	228	233	+2
# of 9-1-1 Transports	26	25	-3
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations			
# of Patients Registered in the ED	94	94	0
# of 9-1-1 Transports	15	16	+10
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations			
# of Patients Registered in the ED	*	*	*
# of 9-1-1 Transports	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations			
# of Patients Registered in the Emergency	83	75	-9
# of 9-1-1 Transports	15	17	+13
St. Francis Medical Center: 39 Emergency Department Treatment Stations			
# of Patients Registered in the ED	179	179	+0.2
# of 9-1-1 Transports	35	36	+5
White Memorial Medical Center: 28 Emergency Department Treatment Stations			
# of Patients Registered in the ED	114	114	-0.3
# of 9-1-1 Transports	12	14	+18
TOTAL for 9 Private Hospitals: 273 Emergency Department Treatment Stations			
# of Patients Registered in the ED	1,178	1,168	-0.8
# of 9-1-1 Transports	240	244	+2
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations			
# of Patients Registered in the ED	213	207	-2.9
# of 9-1-1 Transports	60	80	+33
LAC+USC Medical Center: 72 Emergency Department Treatment Stations			
# of Patients Registered in the ED	432	419	-2.9
# of 9-1-1 Transports	46	45	-2

* Data not reported

HOSPITAL DIVERSION TO 9-1-1 TRAFFIC
DUE OF EMERGENCY DEPARTMENT SATURATION

	August 2006		August 2007		Trend Indicator*
	Hours Diverted	% Diverted	Hours Diverted	% Diverted	
All Hospitals in Los Angeles County	5,688	10%	5,220	9%	↓
All Private Hospitals in Los Angeles County	4,314	8%	4,378	8%	→
County Hospitals	1,374	46%	842	28%	↓
<i>Harbor/UCLA Medical Center</i>	393	53%	372	50%	↓
<i>LAC+USC Medical Center</i>	411	55%	271	36%	↓
<i>MLK-Harbor Hospital</i>	105	14%	60	8%	↓
<i>Olive View Medical Center</i>	465	63%	139	19%	↓
Impacted Hospital Program	568	13%	530	12%	↓
<i>California Hospital Medical Center**</i>	130	17%	44	6%	↓
<i>Centinela Freeman Regional Medical Center***</i>	N/A	N/A	N/A	N/A	
<i>Downey Regional Medical Center</i>	98	13%	181	24%	↑
<i>Kaiser Foundation - Bellflower</i>	93	13%	82	11%	↓
<i>Lakewood Regional Medical Center</i>	33	4%	44	6%	↑
<i>Long Beach Memorial Medical Center</i>	0	0%	3	<1%	
<i>Memorial Hospital of Gardena***</i>	N/A	N/A	N/A	N/A	
<i>St. Francis Medical Center</i>	214	29%	176	24%	↓
<i>White Memorial Medical Center***</i>	N/A	N/A	N/A	N/A	

Definition: Service Area - a defined geographic area assigned to a hospital for 9-1-1 patient destination purposes as per EMS policy.

* Trend indicator is calculated by comparing current month to same month last year. Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

** Shares a Service Area with Good Samaritan Hospital. Both hospitals are able to divert only to each other.

*** These Service Area Hospitals are not permitted to divert 9-1-1 traffic out of their Service Area



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September 14, 2007

TO: Each Supervisor

FROM: Bruce Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN
LUTHER KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with a weekly report on the status of the Martin Luther King, Jr. Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 306 adult urgent care visits in the week ending September 8, 2007 (Attachment I). This is a 38% increase over the number of visits for the same week last year (221 visits in the week ending September 9, 2006). In addition, 50 pediatric urgent care visits were provided during the week ending September 8, 2007. These numbers are consistent with the Department's annualized projection of approximately 20,000 urgent care visits.

There were 26 patients transferred out of the Urgent Care Center to hospitals during the week ending September 8, 2007. Three of these transfers were initiated through a call to 9-1-1 and 23 were coordinated through the Emergency Medical Services (EMS) Medical Alert Center (MAC) and transported via the on-site ambulances.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits remained level in July and August 2007 (Attachment I). The number of outpatient primary and specialty care visits for the week ending September 8, 2007 was 1,535. This reflects a reduction in the number of outpatient visits from prior weeks and is a result of the Labor Day holiday on September 3, 2007.

Patient visits to Hubert H. Humphrey Comprehensive Health Center have remained level. There were 10,448 clinic visits in August 2007 compared to 10,560 visits in August 2006. There were 804 patient visits

to Dollarhide Health Center in August 2007 compared to 1,006 visits in August 2006. Dollarhide Health Center is recruiting to fill a vacant provider position and expects the clinic volume to increase in the near future.

Campaign to Inform the Community of Service Changes

The bilingual media campaign to educate South Los Angeles community residents about MLK service changes began on August 20, 2007. The key messages of the campaign are to notify residents that urgent care and clinic services are open, and emergency and inpatient services are closed. Components of the media campaign were described in last week's status report and include 485 radio spots on Latino and African-American stations; quarter-page print ads in the Compton Bulletin, CA Crusader, LA Watts Times, ACC, and La Opinion; 2,000 bilingual interior bus signs on bus routes in the MLK service area; and 10 bus shelter signs posted within 3 miles of the MLK MACC. The Department also sent a direct mailout to 300,000 households in the MLK service area and has distributed 100,000 bilingual flyers.

The Department continues to pursue public relations opportunities to educate the community about the MLK MACC and the services that are available there. Since the last report an MLK physician was featured on CNN's "Local Edition" and discussed clinics and services available at the MLK MACC and an interview with KCET's "Life and Times" was taped and will be aired on September 20.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, EMS in collaboration with EMS field providers and surrounding hospitals redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private hospitals were designated as "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK service area and priority for transfers from their emergency departments (EDs) into County and MetroCare contract facilities.

The EMS Agency continues to closely monitor redirected ambulance traffic. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending September 8, 2007 a daily average of 1,233 patients registered in their emergency departments (Attachment II). This compares to a daily average of 1,171 patients during the week ending September 1, 2007. Harbor-UCLA Medical Center registered a daily average of 210 emergency department patients during the week ending September 8 compared to 207 the prior week. LAC+USC Medical Center registered a daily average of 405 patients during the week ending September 8 compared to 419 the prior week. This data is self-reported by the hospitals.

On September 13, 2007, Downey Regional Medical Center experienced a patient surge and requested diversion of all ambulance traffic for approximately 3.5 hours. In response, the EMS Agency has stationed a nurse at Downey to monitor the ED and to work with paramedics to ensure the appropriate transport of patients to Downey. In addition, the EMS Agency has set up a meeting with Downey and other hospitals to review and address issues related to 9-1-1 transports.

DHS is conducting additional analysis of the impact of the closure of MLK-Harbor Hospital on the nine impacted private hospitals. The nine impacted private hospitals did not routinely collect data in a standardized way on the number of emergency department visits prior to DHS requesting this information for the week ending August 25, 2007. For this reason DHS is not able to readily compare data for the weeks before and after the MLK-Harbor Hospital closure. The Hospital Association of Southern California (HASC) has retained the National Health Foundation (NHF) to conduct an analysis and determine a baseline for patients in the MLK ZIP code area who sought care at the impacted hospitals prior to MLK-Harbor Hospital closure. DHS will support HASC and NHF in this effort. In addition, DHS has obtained Office of Statewide Health Planning and Development (OSHDP) data on ED visits by patient's ZIP code and is analyzing it to obtain baseline data for the nine impacted private hospitals. DHS will report on this data within two weeks.

9-1-1 Transports

During the week ending September 8, 2007, there was a daily average of 273 9-1-1 transports to the nine impacted private hospitals (Attachment II). This compares to a daily average of 246 9-1-1 transports during the week ending September 1, 2007. Harbor-UCLA Medical Center had a daily average of 13 9-1-1 transports compared to 11 the prior week and LAC+USC Medical Center had a daily average of 54 9-1-1 transports compared to 45 the prior week. This data is self-reported by the hospitals.

Baseline information on 9-1-1 transports is not currently available for the nine impacted private hospitals for the weeks preceding the closure of MLK-Harbor Hospital. There is a 90 to 120 day delay in the submission of data by fire departments as allowed by their contracts. The EMS Agency has completed an analysis of 2005 9-1-1 transport data and is working with the fire departments to obtain complete data for 2006. This information will be included in future reports.

The Los Angeles City and County Fire Departments are continuing to report some increases in ambulance transport time and emergency department wait time but they are not reporting an increase in response time (time from call to arriving at the scene).

Senate Bill 474 – South Los Angeles Health Services Preservation Fund

Los Angeles County has amended SB 474 which would create a fund in the amount of \$100 million annually that would be available to Los Angeles County for services rendered to the uninsured South Los Angeles population formerly served by MLK-Harbor Hospital. SB 474 was approved by the Senate and Assembly and is on the Governor's desk for signature. The amount of the fund approximates the Disproportionate Share Hospital

(DSH) and Safety Net Care Pool funds that would have gone to MLK-Harbor Hospital to meet its baseline had it remained open. The fund is time limited to the remaining three years of the demonstration project or the recertification of the Hospital, whichever is earlier. The County must maintain its current level of County, system-wide funding.

Amounts from the fund will be distributed to the County to cover the County's expenditures for services rendered to the uninsured of South Los Angeles including:

- Services rendered at the MLK MACC.
- Services rendered in those units and beds that were created or expanded in other Los Angeles County hospitals in response to the MLK-Harbor situation.
- Services at the Hubert Humphrey Comprehensive Health Center and Dollarhide Health Center.
- Services to the uninsured provided by non-County hospitals and clinics for which the County has agreed to pay in response to the MLK-Harbor Hospital downsizing and closure.

Los Angeles County will make an annual intergovernmental transfer of \$5 million, 100% of which must be used as the nonfederal share of increased Medi-Cal payments to the private hospitals that are serving the South Los Angeles population formerly served by MLK-Harbor Hospital.

Employee Mitigation and Transfer

As of September 11, 2007, MLK mitigation letters were issued or sent by certified mail to all the MLK employees who are scheduled for mitigation. Managers also made calls to employees who were not at work to inform them of their new assignments. As of today, 26 employees have not been assigned to other facilities. Of these, 19 employees are awaiting assignments to other County Departments, which is expected to be accomplished by the end of next week. The remaining 7 employees do not have the required competency documentation. Additionally, 98 employees are on Leave of Absence and two on Military Leave, and since August 12th, approximately 42 MLK employees have left County service, either through resignation, retirement or release from service.

Attachment III provides detailed information on mitigated employees and their new assignment location by job classification, as well as the job classification of the 809 assigned to the MLK MACC.

There are a small number of employees who did not present at their new work assignment. DHS is contacting each of these employees directly. Some of these employees were not notified in time or were out on sick or vacation leave. The few employees who did not report to their new work assignment for other than legitimate reasons, will be subjected to the County's progressive discipline process.

Progress to Reopen MLK-Harbor Hospital

The Department and Hammes representatives are finalizing the Request for Solutions document that will be provided to all interested parties.

Ads notifying interested parties of the availability of the Request for Support (RFS) were placed in local and national publications so that all qualified parties are aware of the County's intent to solicit proposals from qualified operators.

Each respondent will receive a copy of the RFS document, which requests them to provide background information on their organization, their management experience, financial stability and operational background experience with hospitals similar to MLK and demographic patient populations and environments similar to South Los Angeles.

Each qualified operator will be offered a tour of the facility and scheduled time in the 'data room', where all relevant background information on demographics, financial performance, and facility construction and licensing will be available for review.

Finally, the qualified operators will be asked to submit a proposal which will be evaluated and Hammes will make a recommendation to the County regarding which organization they believe the County should enter into negotiations toward a contract to reopen the hospital.

The Department expects this process to be completed by December 31, 2007.

At that point, Hammes will work with the CEO, DHS and County staff to negotiate a final contract.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending September 8, 2007¹

Visit Type	7/21/2007	7/28/2007	8/4/2007	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	Trend Indicator ²
Adult Urgent Care	260	284	263	232	190	303	297	306	↑
Primary and Specialty Care	1,989	1,983	1,874	1,867	2,050	2,036	2,017	1,535*	↓

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend indicator is calculated by comparing current week to average of previous seven weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

* Number of visits is lower due to holiday on 9/3/07.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume			
	Week of 8/19/07- 8/25/07	Week of 8/26/07- 9/1/07	Week of 9/2/07- 9/8/07	% Change from Week Ending 8/25/07 to Week Ending 9/8/07
California Hospital Medical Center: 26 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	172	172	177	3%
# of 9-1-1 Transports	57	55	61	7%
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	168	166	169	1%
# of 9-1-1 Transports	54	55	59	9%
Downey Regional Medical Center: 22 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	140	138	136	-3%
# of 9-1-1 Transports	26	28	35	35%
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	228	233	258	13%
# of 9-1-1 Transports	26	25	27	4%
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	94	94	97	3%
# of 9-1-1 Transports	15	16	18	20%
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	*	*	*	*
# of 9-1-1 Transports	*	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	83	75	85	2%
# of 9-1-1 Transports	15	17	16	7%
St. Francis Medical Center: 39 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	179	179	191	7%
# of 9-1-1 Transports	35	36	39	11%
White Memorial Medical Center: 28 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	114	114	120	5%
# of 9-1-1 Transports	12	14	18	50%
TOTAL for 9 Hospitals: 273 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	1,178	1,171	1,233	5%
# of 9-1-1 Transports	240	246	273	14%
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	213	207	210	-1%
# of 9-1-1 Transports	9	11	13	44%
LAC+USC Medical Center: 72 Emergency Department Treatment Stations				
# of Patients Registered in the Emergency Department	432	419	405	-6%
# of 9-1-1 Transports	46	45	54	17%

* Not reported/available

These numbers have been updated based on revised information.

Total	# Pos	Assigned To	# in Class	Item Classification
		DOLLARHIDE	1	5098 A - NURSING ATTENDANT I
	1			
		H.S.A.	1	1843 A - SENIOR DEPARTMENTAL PERSONNEL ASST
			1	1881 A - DEPARTMENTAL CIVIL SERVICE REP
		H.S.A.	2	2593 A - SENIOR INFORMATION SYSTEMS ANALYST
		H.S.A.		
		H.S.A.	1	8075 A - ASSOCIATE HOSPITAL ADMINISTRATOR II
		H.S.A.	1	8242 F - STUDENT WORKER
		H.S.A.	1	9180 A - COMMUNITY HEALTH PLAN MARKETING REPRESENTATIVE
		H.S.A.	8	5133 A - REGISTERED NURSE I
		H.S.A.	1	1138 A - INTERMEDIATE CLERK
	16			
		HARBOR	2	0735 A - INVENTORY CONTROL ASSISTANT I
		HARBOR	3	0907 A - STAFF ASSISTANT I
		HARBOR	13	1138 A - INTERMEDIATE CLERK
		HARBOR	1	1176 A - INTERMEDIATE SUPERVISING CLERK
		HARBOR	1	1179 A - HEAD CLERK
		HARBOR	2	1416 A - HEALTH INFORMATION ASSOCIATE
		HARBOR	2	2135 A - MEDICAL SECRETARY
		HARBOR	1	2183 A - SENIOR MEDICAL STENOGRAPHER
		HARBOR	1	2184 A - SUPERVISING MEDICAL STENOGRAPHER
		HARBOR	1	2209 A - MEDICAL TRANSCRIBER-TYPIST
		HARBOR	12	2214 A - INTERMEDIATE TYPIST-CLERK
		HARBOR	1	2219 A - SUPERVISING TYPIST-CLERK
		HARBOR	5	2221 A - INT SUPERVISING TYPIST-CLERK
		HARBOR	4	2329 A - WAREHOUSE WORKER AID
		HARBOR	5	2331 A - WAREHOUSE WORKER I
		HARBOR	3	2344 A - PROCUREMENT ASSISTANT I
		HARBOR	1	2347 A - PROCUREMENT ASSISTANT III
		HARBOR	1	2390 A - SERVICE UNIT MATERIALS MANAGER II
		HARBOR	1	2591 A - INFORMATION SYSTEMS ANALYST II
		HARBOR	1	4401 A - HAZARDOUS MATERIALS SPECIALIST II
		HARBOR	7	4895 A - CLINICAL LABORATORY SCIENTIST I
		HARBOR	1	4977 A - PHLEBOTOMY TECHNICIAN I
		HARBOR	2	5047 A - PHYSICIAN'S ASSISTANT
		HARBOR	2	5077 A - CENTRAL SERVICES SUPERVISOR I
		HARBOR	1	5082 A - CENTRAL SERVICES TECHNICIAN I
		HARBOR	8	5083 A - CENTRAL SERVICES TECHNICIAN II
		HARBOR	12	5098 A - NURSING ATTENDANT I
		HARBOR	14	5133 A - REGISTERED NURSE I
		HARBOR	2	5286 A - NURSE MANAGER
		HARBOR	1	5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION
		HARBOR	2	5329 A - SUPERVISING CLINIC NURSE I
		HARBOR	2	5338 A - SUPERVISING STAFF NURSE I
		HARBOR	2	5359 A - NURSE-MIDWIFE
		HARBOR	3	5477 A - PHYSICIAN SPECIALIST, M.D.
		HARBOR	1	5512 A - PHARMACIST
		HARBOR	1	5513 A - CLINICAL PHARMACIST
		HARBOR	1	5540 A - BIOMEDICAL EQUIPMENT TECHNICIAN
		HARBOR	1	5545 A - CARDIAC ELECTRODIAGNOSTIC TECH I
		HARBOR	2	5585 A - RESPIRATORY CARE PRACTITIONER I
		HARBOR	1	5772 A - RADIATION PROTECTION SPECIALIST
		HARBOR	1	5794 A - DIAGNOSTIC ULTRASOUND TECHNICIAN
		HARBOR	1	6049 A - MEDIUM TRUCK DRIVER
		HARBOR	1	6117 A - WELDER-FITTER
		HARBOR	1	6169 A - PLASTERER
		HARBOR	4	6257 A - CARPENTER
		HARBOR	1	6263 A - CARPENTER WORKING SUPERVISOR
		HARBOR	1	6266 A - CARPENTER SUPERVISOR
		HARBOR	2	6346 A - HELPER, CARPENTRY
		HARBOR	1	6349 A - HELPER, ELECTRICAL
		HARBOR	1	6354 A - HELPER, PAINTING

Total	# Pos	Assigned To	# in Class	Item Classification
		HARBOR	4	6355 A - HELPER, PIPE TRADES
		HARBOR	6	6471 A - ELECTRICIAN
		HARBOR	1	6480 A - ELECTRICIAN SUPERVISOR
		HARBOR	1	6504 A - ELEVATOR MECHANIC
		HARBOR	5	6531 A - MEDICAL ELECTRONICS TECHNICIAN
		HARBOR	1	6533 A - MEDICAL ELECTRONICS TECH WKG SUPVR
		HARBOR	5	6610 A - EQUIPMENT MAINTENANCE WORKER
		HARBOR	1	6616 A - EQUIPMENT MAINTENANCE SUPERVISOR
		HARBOR	5	6619 A - GENERAL MAINTENANCE WORKER
		HARBOR	4	6685 A - MANAGER I, FACILITIES OPERATIONS AND CRAFTS
		HARBOR	1	6687 A - MGR III, FACILITIES OPNS & CRAFTS
		HARBOR	2	6704 A - LOCKSMITH
		HARBOR	1	6707 A - LOCKSMITH SUPERVISOR
		HARBOR	1	6763 A - INSTITUTIONAL HELPER
		HARBOR	1	6834 A - INTERMEDIATE LAUNDRY WORKER
		HARBOR	8	6973 A - PAINTER
		HARBOR	1	6979 A - PAINTER WORKING SUPERVISOR
		HARBOR	6	7269 A - PLUMBER
		HARBOR	1	7272 A - PLUMBER WORKING SUPERVISOR
		HARBOR	1	7662 A - SHEET METAL WORKER
		HARBOR	3	7745 A - REFRIGERATION MECHANIC
		HARBOR	2	7754 A - STEAM FITTER
		HARBOR	1	7763 A - STEAM FITTER&REFRIGERATION SUPVR
		HARBOR	1	8103 A - COMMUNITY WORKER
		HARBOR	1	8242 F - STUDENT WORKER
		HARBOR	1	9189 A - PATIENT FINANCIAL SERVS CONTROL WKR
		HARBOR	4	9193 A - PATIENT FINANCIAL SERVICES WORKER
		HARBOR	1	2657 A - DATA CONTROL CLERK
		HARBOR	6	4745 A - DENTAL ASSISTANT
		HARBOR	6	4757 M - DENTAL INTERN
		HARBOR	5	4760 M - DENTAL RESIDENT
		HARBOR	6	4767 A - DENTAL SPECIALIST
		HARBOR	1	4776 A - DENTAL DIRECTOR I
		HARBOR	1	5134 A - REGISTERED NURSE II
		HARBOR	1	9192 A - PATIENT RESOURCES WORKER
		HARBOR	1	2102 A - SENIOR SECRETARY III
			1	2216 A - SENIOR TYPIST-CLERK
	239			
		HHH	3	1138 A - INTERMEDIATE CLERK
		HHH	3	5133 A - REGISTERED NURSE I
		HHH	1	5286 A - NURSE MANAGER
		HHH	1	5477 A - PHYSICIAN SPECIALIST, M.D.
		HHH	1	5516 A - PHARMACY SUPERVISOR I
		HHH	1	2214 A - INTERMEDIATE TYPIST-CLERK
		HHH	1	2216 A - SENIOR TYPIST-CLERK
		HHH	1	5121 A - NURSE PRACTITIONER
		HHH	1	5133 A - REGISTERED NURSE I
		HHH	1	5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION
		HHH	1	5477 A - PHYSICIAN SPECIALIST, M.D.
		HHH	1	8103 A - COMMUNITY WORKER
		HHH	1	2210 A - SUPVG MEDICAL TRANSCRIBER-TYPIST
		HHH	1	5501 A - PHARMACY HELPER
	18			
		HIGH DESERT	1	1140 A - SENIOR CLERK
		HIGH DESERT	1	5299 A - CLINICAL NURSING DIRECTOR II
		HIGH DESERT	1	5587 A - SUPERVISING RESPIRATORY CARE PRACTITIONER
		HIGH DESERT	1	6763 A - INSTITUTIONAL HELPER
		HIGH DESERT	1	5098 A - NURSING ATTENDANT I
	5			
		HOLD	1	1416 A - HEALTH INFORMATION ASSOCIATE
		HOLD	1	5098 A - NURSING ATTENDANT I
		HOLD	1	5338 A - SUPERVISING STAFF NURSE I
		HOLD	1	5450 A - MEDICAL DIRECTOR II, MD_(UC)

Total	# Pos	Assigned To	# in Class	Item Classification
		HOLD	7	5477 A - PHYSICIAN SPECIALIST, M.D.
		HOLD	2	5479 A - CHIEF PHYSICIAN I, M.D.
		HOLD	1	5810 A - SUPVG RADIOLOGIC TECHNOLOGIST II
		HOLD	1	6774 A - CUSTODIAN
		HOLD	1	6778 A - CUSTODIAN SUPERVISOR
		HOLD	1	5098 A - NURSING ATTENDANT I
		HOLD UNASSIGNED	1	1138 A - INTERMEDIATE CLERK
		HOLD UNASSIGNED	1	2100 A - SENIOR SECRETARY I
		HOLD UNASSIGNED	1	2101 A - SENIOR SECRETARY II
		HOLD UNASSIGNED	1	2216 A - SENIOR TYPIST-CLERK
		HOLD UNASSIGNED	1	5087 A - CLINIC NURSING ATTENDANT I
		HOLD UNASSIGNED	1	5090 A - CLINIC LICENSED VOCATIONAL NURSE I
		HOLD UNASSIGNED	1	5308 A - CHIEF NURSING OFFICER II
		HOLD UNASSIGNED	7	5411 M - PHYSICIAN, POST GRADUATE
		HOLD UNASSIGNED	2	5422 F - PHYSICIAN, MD, EMERGENCY ROOM
		HOLD UNASSIGNED	1	5468 J - CLINIC PHYSICIAN, M.D., (PER SESSION)
		HOLD UNASSIGNED	1	8075 A - ASSOCIATE HOSPITAL ADMINISTRATOR II
	35			
		JCHS	1	5477 A - PHYSICIAN SPECIALIST, M.D.
	1			
		LAC+USC	1	0048 A - PEST EXTERMINATOR
		LAC+USC	23	1138 A - INTERMEDIATE CLERK
		LAC+USC	1	1389 A - MEDICAL RECORDS SUPERVISOR I
		LAC+USC	1	1410 A - HEALTH INFORMATION MANAGEMENT SENIOR SUPERVISOR
		LAC+USC	1	1416 A - HEALTH INFORMATION ASSOCIATE
		LAC+USC	2	2214 A - INTERMEDIATE TYPIST-CLERK
		LAC+USC	2	4895 A - CLINICAL LABORATORY SCIENTIST I
		LAC+USC	3	4896 A - CLINICAL LABORATORY SCIENTIST II
		LAC+USC	1	4903 A - SUPERVISING CLINICAL LABORATORY SCIENTIST I
		LAC+USC	2	4976 A - LABORATORY ASSISTANT
		LAC+USC	1	4979 A - BLOOD GAS LABORATORY TECHNICIAN I
		LAC+USC	1	4982 A - BLOOD GAS LABORATORY TECHNICIAN II
		LAC+USC	5	5047 A - PHYSICIAN'S ASSISTANT
		LAC+USC	42	5098 A - NURSING ATTENDANT I
		LAC+USC	1	5105 A - LICENSED VOCATIONAL NURSE II
		LAC+USC	1	5111 A - SURGICAL TECHNICIAN
		LAC+USC	6	5133 A - REGISTERED NURSE I
		LAC+USC	3	5286 A - NURSE MANAGER
		LAC+USC	1	5338 A - SUPERVISING STAFF NURSE I
		LAC+USC	1	5339 A - SUPERVISING STAFF NURSE II
		LAC+USC	2	5359 A - NURSE-MIDWIFE
		LAC+USC	4	5477 A - PHYSICIAN SPECIALIST, M.D.
		LAC+USC	1	5504 A - PHARMACY TECHNICIAN
		LAC+USC	1	5512 A - PHARMACIST
		LAC+USC	1	5513 A - CLINICAL PHARMACIST
		LAC+USC	1	5516 A - PHARMACY SUPERVISOR I
		LAC+USC	1	5566 A - PULMONARY PHYSIOLOGY, TECH SUPVR I
		LAC+USC	1	5575 A - RENAL DIALYSIS EQUIPMENT TECHNICIAN
		LAC+USC	1	5586 A - RESPIRATORY CARE PRACTITIONER II
		LAC+USC	1	5606 A - HOSPITAL MEDICAL ASSISTANT
		LAC+USC	1	5794 A - DIAGNOSTIC ULTRASOUND TECHNICIAN
		LAC+USC	1	5799 A - RADIOLOGIC TECH,SPECIAL PROCEDURES
		LAC+USC	1	6766 A - INSTITUTIONAL LABORER
		LAC+USC	14	6774 A - CUSTODIAN
		LAC+USC	3	8103 O - COMMUNITY WORKER
		LAC+USC	1	9035 A - PSYCHIATRIC SOCIAL WORKER II
		LAC+USC	3	9189 A - PATIENT FINANCIAL SERVS CONTROL WKR
		LAC+USC	11	9193 A - PATIENT FINANCIAL SERVICES WORKER
		LAC+USC	1	5082 A - CENTRAL SERVICES TECHNICIAN I
		LAC+USC	1	5083 A - CENTRAL SERVICES TECHNICIAN II
		LAC+USC	7	5113 F - STUDENT WORKER, NURSING
		LAC+USC	1	5118 F - SR STUDENT WORKER, NURSING

Total	# Pos	Assigned To	# in Class	Item Classification
		LAC+USC	1	0888 A - ADMINISTRATIVE ASSISTANT II
	160			
		LOA	1	0578 A - ACCOUNT CLERK II
		LOA	1	0646 A - ACCOUNTANT I
		LOA	1	0752 A - FISCAL OFFICER I
		LOA	6	1138 A - INTERMEDIATE CLERK
		LOA	1	1140 A - SENIOR CLERK
		LOA	1	1416 A - HEALTH INFORMATION ASSOCIATE
		LOA	1	1853 A - PERSONNEL OFFICER II
		LOA	1	2096 A - SECRETARY III
		LOA	1	2102 A - SENIOR SECRETARY III
		LOA	1	2214 A - INTERMEDIATE TYPIST-CLERK
		LOA	1	2235 N - WORD PROCESSOR II
		LOA	1	4976 A - LABORATORY ASSISTANT
		LOA	1	4977 A - PHLEBOTOMY TECHNICIAN I
		LOA	1	4982 A - BLOOD GAS LABORATORY TECHNICIAN II
		LOA	1	4983 A - LABORATORY SUPPORT SUPERVISOR I
		LOA	1	5047 A - PHYSICIAN'S ASSISTANT
		LOA	3	5082 A - CENTRAL SERVICES TECHNICIAN I
		LOA	16	5098 A - NURSING ATTENDANT I
		LOA	1	5100 A - NURSING ATTENDANT II
		LOA	2	5101 A - NURSING ATTENDANT III
		LOA	1	5103 A - SUPERVISING NURSING ATTENDANT
		LOA	1	5104 A - LICENSED VOCATIONAL NURSE I
		LOA	2	5105 A - LICENSED VOCATIONAL NURSE II
		LOA	1	5106 A - LICENSED VOCATIONAL NURSE III
		LOA	3	5111 A - SURGICAL TECHNICIAN
		LOA	1	5121 A - NURSE PRACTITIONER
		LOA	13	5133 A - REGISTERED NURSE I
		LOA	1	5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION
		LOA	2	5338 A - SUPERVISING STAFF NURSE I
		LOA	1	5339 A - SUPERVISING STAFF NURSE II
		LOA	3	5477 A - PHYSICIAN SPECIALIST, M.D.
		LOA	1	5501 A - PHARMACY HELPER
		LOA	2	5504 A - PHARMACY TECHNICIAN
		LOA	1	5540 A - BIOMEDICAL EQUIPMENT TECHNICIAN
		LOA	1	5794 A - DIAGNOSTIC ULTRASOUND TECHNICIAN
		LOA	2	5798 A - RADIOLOGIC TECHNOLOGIST
		LOA	1	5869 A - RECREATION THERAPY AIDE
		LOA	1	5882 A - REHABILITATION THERAPY TECHNICIAN
		LOA	1	6471 A - ELECTRICIAN
		LOA	1	6704 A - LOCKSMITH
		LOA	3	6774 A - CUSTODIAN
		LOA	2	6778 A - CUSTODIAN SUPERVISOR
		LOA	2	8103 N - COMMUNITY WORKER
		LOA	1	9001 A - MEDICAL CASE WORKER I
		LOA	1	9189 A - PATIENT FINANCIAL SERVS CONTROL WKR
		LOA	3	9192 A - PATIENT RESOURCES WORKER
		LOA	3	9193 A - PATIENT FINANCIAL SERVICES WORKER
	98			
		LONG BEACH CHC	1	5133 A - REGISTERED NURSE I
	1			
		MACC	1	0888 A - ADMINISTRATIVE ASSISTANT II
		MACC	3	0907 A - STAFF ASSISTANT I
		MACC	2	0913 A - STAFF ASSISTANT II
		MACC	1	0926 A - SENIOR STAFF ASSISTANT, NURSING
		MACC	1	0977 A - PROGRAM MANAGER I
		MACC	4	1136 A - CLERK
		MACC	44	1138 A - INTERMEDIATE CLERK
		MACC	4	1140 A - SENIOR CLERK
		MACC	1	1176 A - INTERMEDIATE SUPERVISING CLERK
		MACC	5	1179 A - HEAD CLERK

Total	# Pos	Assigned To	# in Class	Item Classification
		MACC	1	1254 A - INTERMEDIATE CASHIER
		MACC	1	1255 A - SENIOR CASHIER
		MACC	2	1410 A - HEALTH INFORMATION MANAGEMENT SENIOR SUPERVISOR
		MACC	14	1416 A - HEALTH INFORMATION ASSOCIATE
		MACC	2	1417 A - HEALTH INFORMATION TECHNICIAN
		MACC	1	1598 A - PUBLIC INFORMATION ASSISTANT
		MACC	1	1601 A - PUBLIC INFORMATION OFFICER II
		MACC	4	2096 A - SECRETARY III
		MACC	2	2097 A - SECRETARY IV
		MACC	2	2101 A - SENIOR SECRETARY II
		MACC	2	2102 A - SENIOR SECRETARY III
		MACC	1	2117 A - SENIOR MANAGEMENT SECRETARY IV
		MACC	1	2118 A - SENIOR MANAGEMENT SECRETARY V
		MACC	3	2135 A - MEDICAL SECRETARY
		MACC	1	2184 A - SUPERVISING MEDICAL STENOGRAPHER
		MACC	6	2209 A - MEDICAL TRANSCRIBER-TYPIST
		MACC	10	2214 A - INTERMEDIATE TYPIST-CLERK
		MACC	2	2216 A - SENIOR TYPIST-CLERK
		MACC	1	2219 A - SUPERVISING TYPIST-CLERK
		MACC	4	2221 A - INT SUPERVISING TYPIST-CLERK
		MACC	7	2420 A - TELEPHONE OPERATOR
		MACC	1	2424 A - TELEPHONE OPERATIONS SUPERVISOR I
		MACC	1	2427 A - TELEPHONE OPERATIONS SUPERVISOR III
		MACC	2	2489 A - COMPUTER EQUIPMENT OPERATOR
		MACC	1	2490 A - COMPUTER SYSTEM OPERATOR
		MACC	1	2573 A - INFORMATION SYSTEMS MANAGER I
		MACC	1	2584 A - INFORMATION TECHNOLOGY AIDE
		MACC	4	2588 A - INFORMATION SYSTEMS ANALYST AID
		MACC	4	2590 A - INFORMATION SYSTEMS ANALYST I
		MACC	8	2591 A - INFORMATION SYSTEMS ANALYST II
		MACC	8	2593 A - SENIOR INFORMATION SYSTEMS ANALYST
		MACC	3	2595 A - INFORMATION SYSTEMS SUPERVISOR I
		MACC	4	2596 A - INFORMATION SYSTEMS SUPERVISOR II
		MACC	1	3033 A - SAFETY ASSISTANT
		MACC	1	3571 A - MEDICAL ELECTRONICS EQUIPMENT SPEC
		MACC	1	4604 A - PROGRAMS ADMINISTRATOR, HLTH SERVS
		MACC	22	4895 A - CLINICAL LABORATORY SCIENTIST I
		MACC	5	4896 A - CLINICAL LABORATORY SCIENTIST II
		MACC	1	4899 A - MEDICAL TECHNOLOGIST, DATA SYSTEMS
		MACC	4	4903 A - SUPERVISING CLINICAL LABORATORY SCIENTIST I
		MACC	1	4904 A - SUPERVISING CLINICAL LABORATORY SCIENTIST II
		MACC	1	4905 A - SUPERVISING CLINICAL LABORATORY SCIENTIST III
		MACC	1	4909 A - CLINICAL LABORATORY SCIENTIST ADMIN COORDINATOR
		MACC	1	4954 A - TISSUE ANALYSIS TECHNICIAN I
		MACC	5	4976 A - LABORATORY ASSISTANT
		MACC	15	4977 A - PHLEBOTOMY TECHNICIAN I
		MACC	2	4979 A - BLOOD GAS LABORATORY TECHNICIAN I
		MACC	1	4982 A - BLOOD GAS LABORATORY TECHNICIAN II
		MACC	1	4986 A - PHLEBOTOMY SERVICE SUPERVISOR
		MACC	25	5047 A - PHYSICIAN'S ASSISTANT
		MACC	1	5051 A - SENIOR PHYSICIAN'S ASSISTANT
		MACC	56	5098 A - NURSING ATTENDANT I
		MACC	11	5100 A - NURSING ATTENDANT II
		MACC	6	5101 A - NURSING ATTENDANT III
		MACC	25	5104 A - LICENSED VOCATIONAL NURSE I
		MACC	9	5105 A - LICENSED VOCATIONAL NURSE II
		MACC	1	5106 A - LICENSED VOCATIONAL NURSE III
		MACC	5	5111 A - SURGICAL TECHNICIAN
		MACC	13	5121 A - NURSE PRACTITIONER
		MACC	88	5133 A - REGISTERED NURSE I
		MACC	3	5134 A - REGISTERED NURSE II
		MACC	3	5214 A - NURSING INSTRUCTOR
		MACC	10	5286 A - NURSE MANAGER

Total	# Pos	Assigned To	# in Class	Item Classification
		MACC	4	5295 A - ASSISTANT NURSING DIRECTOR, ADMINISTRATION
		MACC	2	5296 A - NURSING DIRECTOR, ADMINISTRATION
		MACC	1	5302 A - CHIEF NURSE, MIDWIFERY SERVICES
		MACC	1	5330 A - SUPERVISING CLINIC NURSE II
		MACC	17	5338 A - SUPERVISING STAFF NURSE I
		MACC	2	5339 A - SUPERVISING STAFF NURSE II
		MACC	2	5357 A - CLINICAL NURSE SPECIALIST
		MACC	50	5477 A - PHYSICIAN SPECIALIST, M.D.
		MACC	2	5478 A - SENIOR PHYSICIAN, M.D.
		MACC	1	5479 A - CHIEF PHYSICIAN I, M.D.
		MACC	12	5504 A - PHARMACY TECHNICIAN
		MACC	10	5512 A - PHARMACIST
		MACC	3	5513 A - CLINICAL PHARMACIST
		MACC	2	5516 A - PHARMACY SUPERVISOR I
		MACC	1	5545 A - CARDIAC ELECTRODIAGNOSTIC TECH I
		MACC	2	5546 A - CARDIAC ELECTRODIAGNOSTIC TECH II
		MACC	1	5561 A - ELECTROENCEPHALOGRAPH TECHNICIAN II
		MACC	2	5569 A - PULMONARY PHYSIOLOGY TECHNICIAN III
		MACC	5	5586 A - RESPIRATORY CARE PRACTITIONER II
		MACC	1	5587 A - SUPERVISING RESPIRATORY CARE PRACTITIONER
		MACC	1	5591 A - HEAD RESPIRATORY CARE PRACTITIONER
		MACC	1	5592 A - RESPIRATORY SERVICES MANAGER
		MACC	2	5595 A - ORTHOPEDIC TECHNICIAN
		MACC	1	5597 A - SENIOR ORTHOPEDIC TECHNICIAN
		MACC	1	5599 A - SUPERVISING ORTHOPEDIC TECHNICIAN
		MACC	1	5612 A - ORTHOPTIC TECHNICIAN
		MACC	4	5794 A - DIAGNOSTIC ULTRASOUND TECHNICIAN
		MACC	12	5798 A - RADIOLOGIC TECHNOLOGIST
		MACC	5	5799 A - RADIOLOGIC TECH, SPECIAL PROCEDURES
		MACC	1	5801 A - RADIATION THERAPY TECHNOLOGIST
		MACC	3	5803 A - NUCLEAR MEDICINE TECHNOLOGIST II
		MACC	2	5804 A - SUPVG RADIOLOGIC TECHNOLOGIST I
		MACC	1	5810 A - SUPVG RADIOLOGIC TECHNOLOGIST II
		MACC	1	5827 A - PHYSICAL THERAPY CHIEF I
		MACC	2	5836 A - PHYSICAL THERAPIST ASSISTANT
		MACC	1	5837 A - PHYSICAL THERAPIST I
		MACC	3	5839 A - PHYSICAL THERAPIST II
		MACC	1	5849 A - PHYSICAL THERAPY SUPERVISOR II
		MACC	1	5857 A - OCCUPATIONAL THERAPIST II
		MACC	1	5865 A - OCCUPATIONAL THERAPY SUPERVISOR II
		MACC	4	5882 A - REHABILITATION THERAPY TECHNICIAN
		MACC	1	5889 A - SPEECH PATHOLOGIST II
		MACC	1	5899 A - AUDIOLOGY CHIEF
		MACC	2	6763 A - INSTITUTIONAL HELPER
		MACC	44	6774 A - CUSTODIAN
		MACC	3	6776 A - CUSTODIAN WORKING SUPERVISOR
		MACC	1	6778 A - CUSTODIAN SUPERVISOR
		MACC	2	7071 A - RADIOLOGY PHOTOGRAPHIC ASST
		MACC	2	8042 A - ASSISTANT HOSP ADMINISTRATOR III
		MACC	1	8044 A - ASSISTANT HOSPITAL ADMINISTRATOR IV
		MACC	1	8084 A - HOSPITAL ADMINISTRATOR II (UC)
		MACC	2	9013 A - CLINICAL SOCIAL WORKER
		MACC	1	9019 A - SENIOR CLINICAL SOCIAL WORKER
		MACC	1	9180 A - COMMUNITY HEALTH PLAN MARKETING REPRESENTATIVE
		MACC	3	9189 A - PATIENT FINANCIAL SERVS CONTROL WKR
		MACC	1	9191 A - PAT FINANCIAL SERVS CONTROL SUPV
		MACC	46	9192 A - PATIENT RESOURCES WORKER
		MACC	14	9193 A - PATIENT FINANCIAL SERVICES WORKER
		MACC	2	9194 A - SUPVG PATIENT FINANCIAL SERVICE WORKER I
		MACC	1	9196 A - HEAD PATIENT FINANCIAL SERVICES WKR
		MACC	4	8103 A - COMMUNITY WORKER
		MACC	2	5121 A - NURSE PRACTITIONER
		MACC	1	5104 A - LICENSED VOCATIONAL NURSE I

Total	# Pos	Assigned To	# in Class	Item Classification
		MACC	1	5286 A - NURSE MANAGER
		MACC	1	4767 A - DENTAL SPECIALIST
		MACC	1	5087 N - CLINIC NURSING ATTENDANT I
		MACC	1	5215 A - NURSE TRAINING CONSULTANT
		MACC	1	5338 A - SUPERVISING STAFF NURSE I
	809			
		MACC (ORD ONLY)	1	1138 A - INTERMEDIATE CLERK
		MACC TEMP ITEM	1	1861 F - STAFF DEVELOPMENT SPECIALIST
		MACC TEMP ITEM	2	5261 F - RELIEF NURSE
		MACC TEMP ITEM	1	6780 F - SENIOR CUSTODIAN SUPERVISOR
		MACC TEMP ITEM ANESTH	4	5422 F - PHYSICIAN, MD, EMERGENCY ROOM
		MACC TEMP ITEM IM GERI (GRANT)	4	5477 F - PHYSICIAN SPECIALIST, M.D.
		MACC TEMP ITEM OB/GYN	3	5468 J - CLINIC PHYSICIAN, M.D., (PER SESSION)
	18	MACC TEMP ITEM OB/GYN	1	5469 F - CLINIC PHYSICIAN, M.D.
	827	(Includes 17 Temp Items + 1 Ord Only Item)		
		MILITARY LEAVE	1	5047 A - PHYSICIAN'S ASSISTANT
		MILITARY LEAVE	1	5133 A - REGISTERED NURSE I
	2			
		O/S	1	4979 A - BLOOD GAS LABORATORY TECHNICIAN I
		O/S	1	5172 A - NURSE ANESTHETIST II
		O/S	1	5296 A - NURSING DIRECTOR, ADMINISTRATION
		O/S	1	5411 M - PHYSICIAN, POST GRADUATE
		O/S	4	5422 F - PHYSICIAN, MD, EMERGENCY ROOM
		O/S	2	5475 F - PHYSICIAN, M.D.
		O/S	5	5477 A - PHYSICIAN SPECIALIST, M.D.
		O/S	1	5478 A - SENIOR PHYSICIAN, M.D.
		O/S	1	5794 A - DIAGNOSTIC ULTRASOUND TECHNICIAN
		O/S 04/14/06	1	5101 A - NURSING ATTENDANT III
		O/S 05/27/05	1	5111 A - SURGICAL TECHNICIAN
		O/S 07/17/07	1	5133 A - REGISTERED NURSE I
		O/S 08/19/07	2	5098 A - NURSING ATTENDANT I
		O/S 08/28/07	1	5082 A - CENTRAL SERVICES TECHNICIAN I
		O/S 09/06/07	1	6774 A - CUSTODIAN
		O/S 8/31	1	9013 A - CLINICAL SOCIAL WORKER
		O/S	1	5857 F - OCCUPATIONAL THERAPIST II
	26			
		OUTSIDE DPT	2	1281 A - MORTUARY AID
		OUTSIDE DPT	1	2130 A - SENIOR STENOGRAPHIC SECRETARY
		OUTSIDE DPT	2	2588 A - INFORMATION SYSTEMS ANALYST AID
		OUTSIDE DPT	1	2657 A - DATA CONTROL CLERK
		OUTSIDE DPT	1	5047 A - PHYSICIAN'S ASSISTANT
		OUTSIDE DPT	1	5055 A - MORTUARY ATTENDANT
		OUTSIDE DPT	1	5894 A - AUDIOLOGIST I
		OUTSIDE DPT	5	6763 A - INSTITUTIONAL HELPER
		OUTSIDE DPT	1	7072 A - DARKROOM ATTENDANT
		OUTSIDE DPT	1	7081 A - MEDICAL PHOTOGRAPHER
		OUTSIDE DPT	1	8381 A - MEDICAL LIBRARIAN I
		OUTSIDE DPT	1	8697 A - CLINICAL PSYCHOLOGIST II
		OUTSIDE DPT	1	9073 A - CHILDREN'S SOCIAL WORKER III
		OUTSIDE DPT ISD	1	6504 A - ELEVATOR MECHANIC
	20			
		OVMC	3	1138 A - INTERMEDIATE CLERK
		OVMC	1	4986 A - PHLEBOTOMY SERVICE SUPERVISOR
		OVMC	6	5133 A - REGISTERED NURSE I
		OVMC	1	5586 A - RESPIRATORY CARE PRACTITIONER II
		OVMC	1	9193 A - PATIENT FINANCIAL SERVICES WORKER
		OVMC LOA	1	5111 A - SURGICAL TECHNICIAN
	13			
		RANCHO	3	1138 A - INTERMEDIATE CLERK
		RANCHO	3	5047 A - PHYSICIAN'S ASSISTANT

Total	# Pos	Assigned To	# in Class	Item Classification
		RANCHO	13	5098 A - NURSING ATTENDANT I
		RANCHO	15	5133 A - REGISTERED NURSE I
		RANCHO	2	5286 A - NURSE MANAGER
		RANCHO	6	5338 A - SUPERVISING STAFF NURSE I
		RANCHO	6	5477 A - PHYSICIAN SPECIALIST, M.D.
		RANCHO	1	5478 A - SENIOR PHYSICIAN, M.D.
		RANCHO	1	5504 A - PHARMACY TECHNICIAN
		RANCHO	1	5586 A - RESPIRATORY CARE PRACTITIONER II
		RANCHO	3	6774 A - CUSTODIAN
		RANCHO	1	5134 A - REGISTERED NURSE II
		RANCHO OF	1	5587 A - SUPERVISING RESPIRATORY CARE PRACTITIONER
		RANCHO TEMP	1	2588 A - INFORMATION SYSTEMS ANALYST AID
		RANCHO TEMP	4	5098 A - NURSING ATTENDANT I
		RANCHO TEMP	1	5100 A - NURSING ATTENDANT II
		RANCHO TEMP	1	5106 A - LICENSED VOCATIONAL NURSE III
		RANCHO TEMP	6	5111 A - SURGICAL TECHNICIAN
		RANCHO TEMP	17	5133 A - REGISTERED NURSE I
		RANCHO TEMP	2	5338 A - SUPERVISING STAFF NURSE I
	89			
		RELEASE	1	4767 F - DENTAL SPECIALIST
		RELEASE	1	5468 J - CLINIC PHYSICIAN, M.D., (PER SESSION)
		RELEASE TEMP	1	1136 O - CLERK
		RELEASE TEMP	1	1138 O - INTERMEDIATE CLERK
		RELEASE TEMP	1	5261 F - RELIEF NURSE
		RELEASE TEMP	3	9304 O - CLERK, NC
		RELEASE TEMP	1	9368 F - PLASTERER, NC
	9			
		TO RELEASE	3	5422 F - PHYSICIAN, MD, EMERGENCY ROOM
		TO RELEASE	2	5477 F - PHYSICIAN SPECIALIST, M.D.
	5			
		RESIGNING	1	5299 A - CLINICAL NURSING DIRECTOR II
	1			
		RETIRING	1	5133 A - REGISTERED NURSE I
	1			
		SHERIFF'S	1	5121 U - NURSE PRACTITIONER
	2	SHERIFF'S (NO LTR)	1	5133 A - REGISTERED NURSE I
1569				



Health Services
LOS ANGELES COUNTY

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September 21, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 433 total (adult and pediatric) urgent care visits in the week ending September 15, 2007 (Attachment I). This is a 26% increase from the prior week when 343 visits were provided. The increase may be due to the ongoing media campaign and outreach efforts which are designed to inform the public that urgent care and clinic services continue to be available at the MLK MACC. The Department will continue to monitor and report on this trend.

On September 17, 2007 the pediatric and adult urgent care centers at the MLK MACC were consolidated into one location. The pediatric urgent care center had generally been seeing fewer than ten patients per day. The combined urgent care center is prepared to handle the needs of both adult and pediatric patients. Staff from the pediatric urgent care center were assigned to the combined urgent care center and a separate area of the combined urgent care center has been identified for the care of pediatric patients.

Please note that Attachment I has been modified. Pediatric and adult urgent care visits are now included in the urgent care visit count for each of the weeks included in Attachment I.

There were 44 patients transferred out of the urgent care center to hospitals during the week ending September 15, 2007. One of these transfers was initiated through a call to 9-1-1 and 43 were coordinated through the Emergency Medical Services (EMS) Medical Alert Center (MAC). This reflects an increase over the number of transfers during the prior week (which was originally reported as 26 and has now been revised to 37 based

on more complete reporting) and is consistent with the overall increase in the number of urgent care center visits.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has remained level in September and is comparable to the number of visits provided in prior weeks (Attachment I). The number of outpatient primary and specialty care visits for the week ending September 15, 2007, was 2,050.

Campaign to Inform the Community of Service Changes

The bilingual media campaign to educate South Los Angeles community residents about MLK service changes began on August 20, 2007. The key messages of the campaign are to notify residents that urgent care and clinic services are open and that emergency services are closed. The radio spots, newspaper print ads, interior bus signs, and bus shelter signs continue to run. In addition to the 100,000 English and Spanish flyers that were originally produced, the Department has printed 12,000 flyers (3,000 each in Korean, Chinese, Vietnamese, and Khmer). These flyers will be distributed through the MLK MACC and community partners in the coming week.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, EMS in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private hospitals were designated as "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients and priority for transfers into the County and MetroCare contract facilities.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level for the last four weeks. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

In response to the increase in 9-1-1 transport time and emergency department wait time, the Los Angeles County Fire Department has added a paramedic unit to the area and the Los Angeles City and Compton Fire Departments are considering adding additional resources.

On September 20, 2007, the EMS Agency met with representatives from St. Francis and Downey Regional Medical Center and County, Compton and Downey Fire Departments to review the method that was being used to direct ambulance transports. Adjustments were made which are expected to decrease the number of 9-1-1 calls transported to Downey Regional Medical Center and maintain fire equipment within assigned communities.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending September 15, 2007 a daily average of 1,140 patients registered in the emergency departments of the eight hospitals that provided data (Attachment II). This reflects a 7% decrease from the daily average of 1,224 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 218 emergency department patients during the week ending September 15, compared to 210 the prior week. LAC+USC Medical Center registered a daily average of 420 patients during the week ending September 15, compared to 405 the prior week. This data is self-reported by the hospitals.

DHS is conducting additional analysis of the impact of the closure of MLK-Harbor Hospital on the nine impacted private hospitals. Baseline data from the nine impacted private hospitals on the number of emergency department visits for the weeks preceding the closure of MLK-Harbor Hospital is not currently available. DHS is analyzing Office of Statewide Health Planning and Development (OSHPD) on emergency department visits in 2006 by patient's ZIP code to obtain baseline data for the nine impacted private hospitals. DHS will report on this data next week.

9-1-1 Transports

During the week ending September 15, 2007, there was a daily average of 248 9-1-1 transports to the eight impacted private hospitals that provided data (Attachment II). This compares to a daily average of 273 9-1-1 transports during the week ending September 8, 2007. Harbor-UCLA Medical Center had a daily average of 11 9-1-1 transports compared to 13 the prior week and LAC+USC Medical Center had a daily average of 50 9-1-1 transports compared to 54 the prior week. This data is also self-reported by the hospitals.

Employee Mitigation and Transfer

As of today, 17 employees are waiting assignments to other County Departments. Interviews with other County Departments are being scheduled by the Department of Human Resources. All outstanding competency issues have been resolved. All employees who have been reassigned have completed and passed all skills tests before reporting to their new assignment.

An employee leave-of-absence report is being prepared and will be provided to you under separate cover.

Progress to Reopen MLK-Harbor Hospital

The Department and Hammes met with the CEO and key staff to discuss the Request for Solutions (RFS) process and guidelines that Hammes will be following to conduct the RFS solicitations.

At the Board's direction, the Director developed five-signature Board letters to the University of California, Catholic Healthcare West and the Daughters of Charity Health System requesting for

their organizations to become involved in discussions with the County and Hammes regarding their interest in the operation of the hospital.

The Department is working with Hammes to arrange two public meetings to have Hammes consultants review the process and timeline for identifying potential operators for MLK and to solicit community input to inform their recommendations to the County.

The goal is to have the first of the two meetings in approximately two weeks which will provide community members with adequate notice of the meetings so they can plan on participating. To accommodate as many participants as possible, one of the meetings will be held during the day and one will be held in the evening.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending September 15, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	↑
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	→

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous five weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holiday on 9/3/07.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume				Trend Indicator [†]
	Week of 8/19/07- 8/25/07	Week of 8/26/07- 9/1/07	Week of 9/2/07- 9/8/07	Week of 9/9/07- 9/15/07	
California Hospital Medical Center: 26 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	172	172	177	163	↓
# of 9-1-1 Transports	57	55	61	54	↓
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	168	166	169	169	↑
# of 9-1-1 Transports	54	55	59	57	↑
Downey Regional Medical Center: 22 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	140	138	136	134	→
# of 9-1-1 Transports	26	28	35	24	↓
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	228	233	249	209	↓
# of 9-1-1 Transports	26	25	27	32	↑
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	94	94	97	95	→
# of 9-1-1 Transports	15	16	18	14	↓
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	*	*	*	*	*
# of 9-1-1 Transports	*	*	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	83	75	85	82	→
# of 9-1-1 Transports	15	17	16	15	↓
St. Francis Medical Center: 39 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	179	179	191	174	↓
# of 9-1-1 Transports	35	36	39	34	↓
White Memorial Medical Center: 28 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	114	114	120	114	→
# of 9-1-1 Transports	12	14	18	18	↑
TOTAL					
# of Patients Registered in the Emergency Department	1,178	1,171	1,224	1,140	→**
# of 9-1-1 Transports	240	246	273	248	→**
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	213	207	210	218	→
# of 9-1-1 Transports	9	11	13	11	→
LAC+USC Medical Center: 72 Emergency Department Treatment Stations					
# of Patients Registered in the Emergency Department	432	419	405	420	→
# of 9-1-1 Transports	46	45	54	50	→

* Not reported/available

These numbers have been updated based on revised information.

[†]Trend Indicator is calculated by comparing current week to average of previous three weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported for 8 hospitals where data is available.

**Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



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September 28, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 454 total (adult and pediatric) urgent care visits in the week ending September 22, 2007 (Attachment I). This is a 5% increase from the prior week when 433 visits were provided.

There were 35 patients transferred out of the urgent care center to hospitals during the week ending September 22, 2007. One of these transfers was initiated through a call to 9-1-1.

The Department's Emergency Medical Services (EMS) Agency is coordinating a meeting with the Los Angeles County Fire Department and MLK MACC staff to review 9-1-1 response procedures for the MLK MACC and to update procedures if necessary. DHS will report on the outcome of this meeting in a future report.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has remained level in September and is comparable to the number of visits provided in prior weeks (Attachment I). The number of outpatient primary and specialty care visits for the week ending September 22, 2007, was 1,971. This is a 4% decrease from the prior week when 2,050 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Campaign to Inform the Community of Service Changes

The bilingual media campaign to educate South Los Angeles community residents about MLK service changes began on August 20, 2007. The key messages of the campaign are to notify residents that urgent care and clinic services are open and that emergency services are closed. The radio spots, newspaper print ads, interior bus signs, and bus shelter signs continue to run.

The 12,000 new flyers (3,000 each in Korean, Chinese, Vietnamese, and Khmer) were distributed through the MLK MACC and to community clinics and partners. These flyers are in addition to the original 100,000 English and Spanish flyers that were produced and distributed. During the last week, the Department also translated the flyer into Samoan and is in the process of distribution.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, EMS in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private hospitals were designated as “impacted” hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients and priority for transfers into the County and MetroCare contract facilities.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level for the last five weeks. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

On September 25, 2007, the EMS Agency sent a memo to the impacted hospitals and fire departments to confirm the adjustments that were made to the method of directing ambulance transports as discussed during the September 20, 2007 meeting with these agencies. The adjustments were made to facilitate an appropriate distribution of 9-1-1 transports and maintain fire equipment within assigned communities. The EMS Agency will continue to monitor 9-1-1 transports and will work with these agencies to further refine 9-1-1 hospital destinations as needed.

It was reported in a recent newspaper article that Centinela Freeman Regional Medical Center has experienced a surge in emergency room visits. The EMS Agency has scheduled a meeting on October 1, 2007, with Centinela Freeman and the Los Angeles City Fire Department to discuss options for reducing the burden on Centinela Freeman.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending September 22, 2007 a daily average of 1,128 patients registered in the emergency departments of the eight hospitals that provided data (Attachment II). This reflects a 1% decrease from the daily average of 1,140 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 207 emergency department patients during the week ending September 22, compared to 218 the prior week. LAC+USC Medical Center registered a daily average of 417 patients during the week ending September 22, compared to 420 the prior week. This data is self-reported by the hospitals.

DHS is conducting additional analysis of the impact of the closure of MLK-Harbor Hospital on the nine impacted private hospitals. DHS is analyzing Office of Statewide Health Planning and Development (OSHPD) on emergency department visits in 2005 and 2006 to obtain baseline data for the nine impacted private hospitals. DHS will report on this data next week.

9-1-1 Transports

During the week ending September 22, 2007, there was a daily average of 232 9-1-1 transports to the eight impacted private hospitals that provided data (Attachment II). This reflects a decrease of 6% from the daily average of 248 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 11 9-1-1 transports which was the same as the prior week and LAC+USC Medical Center had a daily average of 48 9-1-1 transports compared to 50 the prior week. This data is also self-reported by the hospitals.

Employee Mitigation and Transfer

As of today, 16 employees are waiting for assignments to other County Departments. Employee interviews with the other County Departments are continuing.

Confirmation of assignment letters were mailed to all MLK employees who were assigned to the MLK MACC and other DHS facilities. The facilities are compiling data on the in-processing of assigned employees and this information will be provided to the Board in a future report.

The Department is conducting a 100% payroll audit at the MLK MACC in October 2007 and will report the outcome in a future weekly report.

Progress to Reopen MLK-Harbor Hospital

The Department and Hammes met with the CEO and key staff to discuss the Request for Solutions (RFS) process and guidelines that Hammes will be following to conduct the RFS solicitations. Hammes has produced a draft RFS that has been submitted to County Counsel for review. Their proposed timeline for distribution of the RFS is to release it to organizations who have requested copies or that Hammes has identified as potentially qualified operators in the first

week of October. The RFS asks firms to submit their professional qualifications, length of time in business, experience in operating and managing healthcare facilities, experience of all proposed key staff, examples of experience with facilities similar to MLK, demonstration of financial stability, and their management solution to the reopening of the hospital. In addition to the RFS, Hammes has recommended a comprehensive set of informational documents that any potential operator will be permitted to review that will be held in a "data room" at MLK for them to review as well as having a detailed facility tour.

The final RFS will be distributed to your offices and posted the DHS website.

Once the RFS document is finalized, the balance of the schedule will be updated to reflect the actual date the RFS is sent out. The goal is to have the "preferred" solution and operator identified by early December.

At the Board's direction, the Director developed five-signature Board letters to the University of California, Catholic Healthcare West and the Daughters of Charity Health System requesting that their organizations to become involved in discussions with the County and Hammes regarding their interest in the operation of the hospital.

The Department is working with Hammes to arrange a public meeting to have a DHS senior management representative and the assigned Hammes consultant review the process and timeline for identifying potential operators for MLK and to solicit community input to inform their recommendations to the County. This meeting is scheduled for Wednesday, October 10, 2007, at 6:00 p.m. at the Hudson Auditorium at MLK. Notices in English and Spanish regarding this meeting are being distributed throughout the South Los Angeles community. Feedback from this meeting will be used by Hammes and the Department to assist in evaluation of responses to the RFS and to develop additional information requirements that may be needed to answer concerns raised at this meeting.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending September 22, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	↑
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	→

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holiday on 9/3/07. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	2 Average Daily Emergency Department (ED) Volume																				Trend Indicator
	Week of 8/19/07	Week of 8/26/07	Week of 9/2/07	Week of 9/9/07	Week of 9/16/07	Week of 9/23/07	Week of 9/30/07	Week of 10/6/07	Week of 10/13/07	Week of 10/20/07	Week of 10/27/07	Week of 11/3/07	Week of 11/10/07	Week of 11/17/07	Week of 11/24/07	Week of 12/1/07	Week of 12/8/07	Week of 12/15/07	Week of 12/22/07	Week of 12/29/07	
California Hospital Medical Center: 26 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	172	172	177	163	171	57	55	61	54	55	55	54	55	55	54	55	55	54	55	55	→
Carlineela Freeman Regional Medical Center: 35 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	168	166	169	169	159	54	55	59	57	56	56	57	56	56	57	56	56	57	56	56	→
Downey Regional Medical Center: 22 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	140	138	136	134	122	26	28	21	24	22	22	24	22	22	24	22	22	24	22	22	↓
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	228	233	249	209	234	26	25	27	32	28	28	32	28	28	32	28	28	32	28	28	→
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	94	94	97	95	88	15	16	18	14	12	12	14	12	12	14	12	12	14	12	12	↓
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	83	75	85	82	81	15	17	16	15	13	13	15	13	13	15	13	13	15	13	13	→
St. Francis Medical Center: 39 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	179	179	191	174	163	35	36	39	34	34	34	34	34	34	34	34	34	34	34	34	↓
White Memorial Medical Center: 28 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	114	114	120	114	109	12	14	18	18	13	13	18	13	13	18	13	13	18	13	13	↓
TOTAL** # of Patients Registered in the Emergency Department # of 9-1-1 Transports	1,178 240	1,171 246	1,224 259	1,140 248	1,128 232																→
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	213 9	207 11	210 13	218 11	207 11																→
LAC+USC Medical Center: 72 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	432 46	419 45	405 54	420 50	417 48																→

* Not reported/available

These numbers have been updated based on revised information.

†Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported for 8 hospitals where data is available.

**Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



Health Services

LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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Second District

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Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

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October 5, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

The number of urgent care visits at the MLK MACC is continuing to increase. There were 488 total (adult and pediatric) urgent care visits in the week ending September 29, 2007 (Attachment I). This is a 7% increase from the prior week when 454 visits were provided.

The average wait time from arrival to discharge at the MLK urgent care center in September 2007 was 3 hours and 25 minutes for adults and 2 hours and 47 minutes for children. This compares to 4:22 (adults) and 3:04 (children) in August 2007.

There were 50 patients transferred out of the urgent care center to hospitals during the week ending September 29, 2007. Four of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has continued to remain level (Attachment I). The number of outpatient primary and specialty care visits for the week ending September 29, 2007, was 2,102. Although this is a 7% increase from the prior week when 1,971 visits were provided the overall trend has been level.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private hospitals were designated as "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients and priority for transfers into the County and MetroCare contract facilities.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level for the last six weeks. All impacted hospitals continue to report a sustained increase in ambulance traffic, and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

On October 1, 2007, EMS Agency staff met with Centinela Freeman Regional Medical Center and County and City Fire Department personnel to discuss the current ambulance service area in response to reports that Centinela was experiencing a surge in emergency room visits. The EMS Agency will monitor paramedics to ensure that they are following service area rules.

On October 1, 2007, Los Angeles Metropolitan Medical Center was licensed as a basic emergency department with four treatment stations. It is anticipated that they will be approved as a 9-1-1 receiving hospital in November 2007. The EMS Agency has been in contact with the hospital regarding the radio communication system (ReddiNet) that is required for approval to be a 9-1-1 receiving hospital.

The Department and the Hospital Association of Southern California (HASC) along with the impacted hospitals are scheduled to meet with the California Medical Assistance Commission (CMAC) on October 11, 2007, to discuss the impact of the closure of MLK-Harbor Hospital and the stability of the hospital system in Los Angeles County.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending September 29, 2007 a daily average of 1,168 patients registered in the emergency departments of the eight hospitals that provided data (Attachment II). This reflects a 4% increase from the daily average of 1,126 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 209 emergency department patients during the week ending September 29, compared to 207 the prior week. LAC+USC Medical Center registered a daily average of 368 patients during the week ending September 29, compared to 417 the prior week. This data is self-reported by the hospitals.

DHS has determined that the data currently being collected by the impacted hospitals is not comparable to Office of Statewide Health Planning and Development (OSHPD) data. The Department had originally planned to use OSHPD data to establish a baseline for the impacted hospitals. The Department will be working with HASC to implement a new data collection process so that current data can be compared to OSHPD data from prior years.

9-1-1 Transports

During the week ending September 29, 2007, there was a daily average of 235 9-1-1 transports to the eight impacted private hospitals that provided data (Attachment II). This reflects an increase of 1% from the daily average of 233 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 13 9-1-1 transports compared to 11 the prior week and LAC+USC Medical Center had a daily average of 48 9-1-1 transports which was the same as the prior week. This data is also self-reported by the hospitals.

On October 1, 2007, Downey Regional Medical Center experienced a patient surge and requested diversion of all ambulance traffic for approximately two hours.

Impacted Hospital Program

The EMS Agency has established the Impacted Hospital Program which enrolls patients from the impacted hospitals and accepts requests for transfers. Patients accepted into the Impacted Hospital Program are transferred to DHS hospitals or St. Vincent Medical Center. During September 2007, there were an estimated 719 patients enrolled in the Impacted Hospital Program among the six impacted hospitals that have reported data (California Medical Center, Centinela Freeman, Downey Regional, Gardena Memorial, St. Francis, and White Memorial). The number of patients enrolled includes both treated and released patients and admitted patients. The actual number of patients that the County will pay for will be less than the number of patients enrolled as some of these patients will be determined to have another payor source.

Harbor-UCLA Medical Center

As part of the MLK-Harbor Hospital Closure Implementation Plan, Harbor-UCLA Medical Center will open 20 additional beds. The first ten beds were opened on September 1, 2007, five beds are scheduled to open on October 9, 2007, and the remaining five beds will open on November 1, 2007.

The Harbor-UCLA Medical Center urgent care center is open Monday through Friday from 8:00 a.m. to 11:00 p.m. Patients are triaged when they come to the emergency room and those who are appropriate for an urgent care setting are referred to the urgent care center for a same day or next day appointment. Harbor is evaluating the cost and feasibility of expanding urgent care hours of operation and this will be reported in a future weekly report.

The adult waiting time in the Harbor-UCLA Medical Center emergency room for the period of January 1, 2007 to August 31, 2007 is a median of 10.27 hours from arrival to discharge. It was 10.49 hours in July 2007 and 11.65 hours in August 2007.

Rancho Los Amigos National Rehabilitation Center

As part of the MLK-Harbor Hospital Closure Implementation Plan, Rancho Los Amigos will open 52 additional beds. This includes 50 medical-surgical beds and two ICU beds. All 52 beds are available; 22 of them are currently staffed including the two ICU beds. The additional beds will be staffed based on demand and staff recruitment. Rancho has been able to accommodate all appropriate referrals.

Campaign to Inform the Community of Service Changes

All paid advertising is winding down in the next week including radio spots, newspaper ads and bus advertising. Some residual ads may continue to run for an interim period in some locations until they are replaced by the vendor.

Radio spots continue to air on targeted Univision and Clear Channel radio stations and bilingual fliers are still being circulated throughout the community including community-based organizations, churches, and at community events.

Employee Mitigation and Transfer

The Department will conduct a 100% payroll audit at the MLK MACC on October 15, 2007, and will report the outcome in a future weekly report.

Progress to Re-open MLK-Harbor Hospital

The Request for Solutions to re-open MLK Hospital have been finalized and was posted on the DHS website on October 5, 2007. An electronic copy was forwarded to each Board office.

A public meeting to review the process and timeline for identifying potential operators for MLK and to solicit community input is scheduled for Wednesday, October 10, 2007, at 6:00 p.m. at the Hudson Auditorium at MLK. Notices in English and Spanish have been distributed throughout the South Los Angeles community (Attached).

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending September 29, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	488	↑
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	2,102	→

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted); Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holiday on 9/3/07. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume						Trend Indicator [†]
	Week of 8/19/07- 8/25/07	Week of 8/26/07- 9/1/07	Week of 9/2/07- 9/8/07	Week of 9/9/07- 9/15/07	Week of 9/16/07- 9/22/07	Week of 9/23/07- 9/29/07	
California Hospital Medical Center: 26 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	172	172	177	163	168	168	→
# of 9-1-1 Transports	57	55	61	54	55	53	↓
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	168	166	169	169	161	172	→
# of 9-1-1 Transports	54	55	59	57	55	60	↑
Downey Regional Medical Center: 22 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	140	138	136	134	122	135	→
# of 9-1-1 Transports	26	27	21	24	22	24	→
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	228	233	249	209	234	231	→
# of 9-1-1 Transports	26	25	27	32	28	23	↓
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	94	94	97	95	88	95	→
# of 9-1-1 Transports	15	16	18	13	13	14	↓
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	*	*	*	*	*	*	*
# of 9-1-1 Transports	*	*	*	*	*	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	83	75	85	82	81	84	→
# of 9-1-1 Transports	15	16	16	15	13	16	↑
St. Francis Medical Center: 39 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	179	170	191	174	163	171	→
# of 9-1-1 Transports	35	33	39	34	34	28	↓
White Memorial Medical Center: 28 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	114	114	120	114	109	112	→
# of 9-1-1 Transports	12	14	18	18	13	17	↑
TOTAL**							
# of Patients Registered in the Emergency Department	1,178	1,162	1,224	1,140	1,126	1,168	→
# of 9-1-1 Transports	240	241	259	247	233	235	→
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	213	207	210	218	207	209	→
# of 9-1-1 Transports	9	11	13	11	11	13	↑
LAC+USC Medical Center: 72 Emergency Department Treatment Stations							
# of Patients Registered in the Emergency Department	432	419	405	420	417	368	↓
# of 9-1-1 Transports	46	45	54	50	48	48	→

* Not reported/available

These numbers have been updated based on revised information.

[†]Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend indicator is reported for 8 hospitals where data is available.

**Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



**THE LOS ANGELES COUNTY DEPARTMENT OF
HEALTH SERVICES IS HOSTING A PUBLIC
MEETING TO DISCUSS PLANS FOR
THE FUTURE REOPENING OF
MARTIN LUTHER KING JR. HOSPITAL**

WEDNESDAY, OCTOBER 10, 2007

**Claude Hudson Auditorium
at Martin Luther King Jr.
Multi-service Ambulatory Care Center
12021 S. Wilmington Ave., Los Angeles**

6:00 p.m. — 8:00 p.m.

6:00 p.m. — Registration

**6:15 p.m. — Presentation
John Cochran, Chief Deputy Director, DHS
Gary Frazier, Hammes Group**

7:00 p.m. — Questions and Answers



**EL DEPARTAMENTO DE SERVICIOS MÉDICOS DEL
CONDADO DE LOS ÁNGELES OFRECERÁ UNA
ASAMBLEA PUBLICA PARA DISCUTIR
LOS PLANES DE LA REAPERTURA
FUTURA DEL HOSPITAL
MARTIN LUTHER KING, JR.**

MIÉRCOLES, 10 de OCTUBRE del 2007

**En el Centro de Cuidado de Servicios Múltiples
Ambulatorios de Martin Luther King, Jr.**

Auditorio Claude Hudson

12021 S. Wilmington Ave., Los Angeles

6:00 p.m. — 8:00 p.m.

Registración — 6:00 p.m.

Presentación — 6:15 p.m.

**John Cochran, Director Diputado,
Departamento de Servicios Médicos**

Gary Frazier, Hammes Group

Preguntas y Respuestas—7:00 p.m.



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

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Third District

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October 12, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 440 total (adult and pediatric) urgent care visits in the week ending October 6, 2007 (Attachment I). This is a 10% decrease from the prior week when 488 visits were provided.

There were 36 patients transferred out of the urgent care center to hospitals during the week ending October 6, 2007, compared to 50 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level but did experience a decrease during the week ending October 6, 2007 (Attachment I). The number of outpatient primary and specialty care visits for the week ending October 6, 2007, was 1,930. This is an 8% decrease from the prior week when 2,102 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Patient Transportation for Scheduled Appointments

Patient transportation services are available between the MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

In September 2007, MLK provided transportation to 362 patients and companions. This compares to 470 patients and companions who were provided transportation in August 2007 and reflects a 23% decrease.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals, redrew the current ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private hospitals were designated as “impacted” hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 emergency department treatment stations. During the week ending October 6, 2007 a daily average of 1,185 patients registered in the emergency departments of the eight hospitals that provided data (Attachment II). This reflects a 1% increase from the daily average of 1,168 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 203 emergency department patients during the week ending October 6, compared to 209 the prior week. LAC+USC Medical Center registered a daily average of 413 patients during the week ending October 6, compared to 368 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending October 6, 2007, there was a daily average of 237 9-1-1 transports to the eight impacted private hospitals that provided data (Attachment II). This reflects an increase of less than 1% from the daily average of 235 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 11 9-1-1 transports compared to 13 the prior week and LAC+USC Medical Center had a daily average of 54 9-1-1 transports compared to 48 the prior week. This data is also self-reported by the hospitals.

On October 11, 2007, Downey Regional Medical Center, St. Francis Medical Center, and Memorial Hospital of Gardena experienced patient surges. The EMS Agency is working with these hospitals to further analyze these surges and to review the ambulance service areas.

State Funding Options

DHS staff arranged meetings with the California Medical Assistance Commission, the Hospital Association of Southern California and representatives of the impacted hospitals to emphasize the need to consider funding needs for Medi-Cal patients seen in their emergency departments.

The Governor signed SB 474, which contains the South Los Angeles Preservation Fund for up to three years.

Campaign to Inform the Community of Service Changes

2-1-1 Call Volume

In September 2007 there were 282 calls to 2-1-1 related to MLK. This compares to 308 calls in August 2007 and reflects a decrease of 9%. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC.

Beilenson Notices

Notices for the public hearing (Beilenson) on the elimination of inpatient and emergency room services at MLK-Harbor Hospital were posted on October 10, 2007. The public hearing will be held on Tuesday, October 30, 2007, at 12:00 noon, in the Board of Supervisors hearing room. The hearing will provide members of the public with the opportunity to be heard regarding the impact of the closures. The hearing notices were posted at DHS hospitals, comprehensive health centers, health centers, and other locations where DHS directly oversees the provision of services such as juvenile camps and halls, and at Department of Public Health health centers and program offices.

Employee Mitigation and Transfer

An update on employee mitigation and transfer status will be verbally provided during the October 16, 2007 Board meeting.

Progress to Re-open MLK-Harbor Hospital

The public meeting to review the process and timeline for identifying potential operators for MLK and to solicit community input was held on October 10, 2007, at the Hudson Auditorium at MLK.

Staff from DHS and Hammes provided information on the services currently available at the MLK MAAC, including urgent care and outpatient services, and discussed the timeline and process that will be used to identify potential hospital operators. After these brief presentations there was a lengthy question and answer period. The primary focus of most questions was the importance to the community of reopening the hospital and emergency department. There were approximately 200 attendees including community members, representatives of Board offices, representatives from the offices of local and federal elected officials, and the media. Input from this meeting will be used to during the next steps of the selection process.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits

Week Ending October 6, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	488	440	→
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	2,102	1,930	↓

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holiday on 9/3/07. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Week of 8/19/07 8/26/07	Week of 8/26/07 9/1/07	Week of 9/1/07 9/15/07	Week of 9/15/07 9/22/07	Week of 9/22/07 9/29/07	Week of 9/29/07 10/6/07	Trend Indicator
California Hospital Medical Center: 26 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	172 57	172 55	177 61	163 54	168 53	169 55	→ →
Centennial Freeman Regional Medical Center: 36 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	168 54	165 55	169 59	169 57	172 60	167 58	→ →
Downey Regional Medical Center: 22 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	140 25	138 27	136 21	134 24	135 24	130 23	→ →
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	228 26	233 25	249 27	209 32	234 23	259 22	↑ ↓
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	94 15	94 16	97 18	95 13	95 14	91 15	→ →
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	233 *	227 *	* *	* *	* *	* *	* *
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	83 15	75 16	65 16	82 15	81 13	88 16	↑ ↓
St. Francis Medical Center: 39 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	179 35	170 33	191 39	174 34	163 34	171 33	→ →
White Memorial Medical Center: 28 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	114 12	114 14	120 18	114 16	109 13	111 15	→ ↓
TOTAL** # of Patients Registered in the Emergency Department # of 9-1-1 Transports	1,178 239	1,162 241	1,224 259	1,140 247	1,126 233	1,185 237	→ →
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	213 9	207 11	210 13	216 11	207 11	203 11	→ ↓
LAC+USC Medical Center: 72 Emergency Department Treatment Stations # of Patients Registered in the Emergency Department # of 9-1-1 Transports	432 46	419 45	405 54	420 50	417 48	413 54	→ ↑

* Not reported/available

These numbers have been updated based on revised information.

† Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported for 8 hospitals where data is available.

** Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



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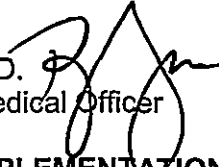
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service and education.*



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October 19, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. 
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 475 total (adult and pediatric) urgent care visits in the week ending October 13, 2007 (Attachment I). This is an 8% increase from the prior week when 440 visits were provided.

There were 38 patients transferred out of the urgent care center to hospitals, primarily to Harbor-UCLA Medical Center, during the week ending October 13, 2007, compared to 36 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending October 13, 2007, was 1,754. This is a 9% decrease from the prior week when 1,930 visits were provided. The number of visits was lower due to a holiday on October 8, 2007.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals and were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area

and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

The Department is working with the Hospital Association of Southern California (HASC) to set up a meeting with the nine impacted hospitals to review the operation of contracts and transfer of patients. In addition, they will discuss the meetings that DHS and the hospitals had in Sacramento providing information to the California Medical Assistance Commission (CMAC) staff and commissioners regarding the impact that the various ED/hospital closures and Medi-Cal reimbursement issues are having on the remaining South Los Angeles hospitals. HASC is coordinating this meeting, which is expected to occur within the next two weeks.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending October 13, 2007, a daily average of 1,147 patients registered in the EDs of the eight hospitals that have provided data each week (Attachment II). This reflects a 3% decrease from the daily average of 1,185 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 228 ED patients during the week ending October 13, compared to 203 the prior week. LAC+USC Medical Center registered a daily average of 424 patients during the week ending October 13, compared to 413 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending October 13, 2007, there was a daily average of 231 9-1-1 transports to the eight impacted private hospitals that have provided data each week (Attachment II). This reflects a 3% decrease from the daily average of 237 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 11 9-1-1 transports which is the same as the prior week and LAC+USC Medical Center had a daily average of 50 9-1-1 transports compared to 54 the prior week. This data is also self-reported by the hospitals.

EMS providers have reported an increase in 9-1-1 call volume, longer transport times to hospitals, and longer wait times at hospitals to transfer care to ED staff. The EMS Agency is working extensively with four EMS providers from the area (Compton, Downey, LA City and LA County Fire Departments), as well as private transporting ambulance companies, to discuss and evaluate the impact on the pre-hospital care system. Data to confirm the impact is being collected and analyzed and will be provided to your Board in a summary report next week. The EMS Agency Administrator on Duty is available and managing urgent hospital and EMS provider issues on a real-time basis, 24 hours per day.

2007-2008 Winter Cold and Flu Season

The winter season typically results in higher volume in EDs and greater demand for inpatient beds. The upcoming influenza and cold season could be especially challenging for the hospitals that have

been impacted by the closure of multiple hospitals in the South LA area. The following actions steps have been taken to prepare for the upcoming months:

- HASC has updated and distributed its annual white paper on "Recommended Management Actions to Prepare Hospitals for Overflow Situations, 2007-2008 Winter Season". HASC and the EMS Agency will discuss these recommendations at the HASC Emergency Health Services meeting on November 15, 2007.
- The EMS Agency has met with the Department of Public Health to discuss its annual Flu Season Campaign, including plans for public education.
- The Department is working with the EMS Commission and the EMS providers to discuss actions that can be taken by pre-hospital care providers to handle potentially increasing 9-1-1 workload during the upcoming months.

Harbor-UCLA Urgent Care Center

Harbor-UCLA Medical Center has submitted their proposal to expand the hours of Urgent Care provided at the hospital. It currently operates Monday through Friday from 8:00 a.m. to 11:00 p.m. Urgent Care patients who arrive when the Urgent Care clinic is closed are treated in the main ED. The Urgent Care clinic currently serves approximately 34,000 patients per year. The Urgent Care Clinic already had plans and budgetary authority to expand operations to Saturdays from 10:00 a.m. to 6:30 p.m. beginning on November, 1st.

An additional expansion proposal would expand Urgent Care to operate Saturdays and Sundays for 16 hours per day. This would allow urgent care level patients to be seen more quickly, and create the ability to serve 12,000 additional patients per year. This expansion should also reduce the number of patients seen in the Harbor ED and should reduce the number of patients who leave without being seen due to long wait times.

Over the next week, the Department will finalize this additional expansion proposal, discuss financing options with the Chief Executive Office, and bring forward a plan for your Board's approval.

Employee Mitigation and Transfer

As requested, a detailed report on employee mitigation and transfer, including financial implications, is being prepared will be submitted under separate cover early next week.

Progress to Re-open MLK-Harbor Hospital

On October 8, 2007, the Request for Solutions (RFS) to identify an operator to re-open MLK Hospital was officially posted on the Department's website and e-mailed to a group of prospective operators that contacted the Department and/or Hammes Company requesting to be on the distribution list for the RFS. The RFS was also distributed to three prospective operators identified and contacted via 5-signature letters by your Board, to inviting them to enter into preliminary discussions regarding their potential involvement with the re-opening of MLK. Six parties have expressed interest in further discussions, including three who submitted Letters of Intent in response to the RFS and the three that were sent letters by the Board of Supervisors. Three of the parties participated in site visits to MLK on October 17 and 18, 2007. Site visits for the remaining three are being scheduled.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending October 13, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	488	440	475	→
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	2,102	1,930	1,754**	↓

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted); Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holiday on 9/3/07. This number is not included in the calculation of the trend indicator.

** Number of visits is lower due to holiday on 10/8/07.

[illegible]

* Not reported/available
These numbers have been updated based on revised information.

^aTrend indicator is calculated by comparing current week to averages of previous four weeks (unless otherwise adjusted). Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend indicator is reported for 8 hospitals where data is available.

Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



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October 26, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. 
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 495 total (adult and pediatric) urgent care visits in the week ending October 20, 2007 (Attachment I). This is a 4% increase from the prior week when 475 visits were provided.

There were 37 patients transferred out of the urgent care center to hospitals, primarily to Harbor-UCLA Medical Center, during the week ending October 20, 2007, compared to 38 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending October 20, 2007, was 2,192. This is a 25% increase from the prior week when 1,754 visits were provided. The number of visits was lower in the prior week due to a holiday on October 8, 2007.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area

and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending October 20, 2007, a daily average of 1,155 patients registered in the EDs of the eight hospitals that have provided data each week (Attachment II). This reflects less than a 1% increase from the daily average of 1,147 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 211 ED patients during the week ending October 20, compared to 228 the prior week. LAC+USC Medical Center registered a daily average of 423 patients during the week ending October 20, compared to 424 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending October 20, 2007, there was a daily average of 224 9-1-1 transports to the eight impacted private hospitals that have provided data each week (Attachment II). This reflects a 3% decrease from the daily average of 231 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 14 9-1-1 transports, compared to 11 the prior week and LAC+USC Medical Center had a daily average of 49 9-1-1 transports compared to 50 the prior week. This data is also self-reported by the hospitals.

The EMS Agency has continued to monitor the EMS system and is working closely with field personnel and fire departments to evaluate the impact on the pre-hospital care system. Data to confirm the impact is being collected however data from the fire departments has been delayed due to the number of fires in and around Los Angeles County. Once the fire departments are able to resume data collection, the analysis will be completed and the results will be reported to your Board.

The EMS Agency met with St. Francis Medical Center staff on October 18, 2007, to answer questions and ensure the "round robin" process is being utilized effectively. On October 23, 2007, EMS Agency staff visited Downey Regional Medical Center to ensure that 9-1-1 provider agencies were transporting patients following the "round robin" rules. On October 24, 2007, the Acting Director of the EMS Agency met with Los Angeles City paramedics to answer questions and obtain feedback regarding patient destination issues in the South Los Angeles area. A meeting with Memorial Hospital of Gardena is scheduled for November 1, 2007, to discuss their service area and emergency department census.

Impacted Hospital Transfer Program

From October 1 - 20, 2007, the impacted hospitals referred 89 eligible patients to the EMS Agency for transfer into DHS and other hospitals. Of these, 44 were accepted for transfer and 45 were not. The main reasons why eligible patients were not transferred are that the patients were

discharged (17), patient had a complex diagnosis that required specialty care and there were no beds available in County or other hospitals that had the capacity to provide the required level of care (6), the request was cancelled by the sending facility (4), and the patients no longer had an acute care need (4).

The Department is working to increase bed capacity and the ability to accept more transfers from the impacted hospitals. The EMS Agency is working with Harbor-UCLA Medical Center on a plan to assign Medical Alert Center staff to Harbor to work with ED staff to identify lower acuity patients who would be appropriate to transfer to Rancho Los Amigos National Rehabilitation Center and other hospitals. The goal is to increase the number of beds available at Harbor-UCLA Medical Center for higher acuity patients from the impacted hospitals who require specialty care services. In addition, the Department is working with St. Vincent Medical Center to establish procedures to facilitate transfers from impacted hospitals to St. Vincent Medical Center.

Employee Mitigation and Transfer

As requested, detailed reports on employee mitigation and transfer and financial implications are being prepared and will be submitted under separate cover by the Department and Chief Executive Officer.

Progress to Re-open MLK-Harbor Hospital

Since the last report, Hammes Company has informed the Department that a fourth potential operator has submitted a Letter of Intent expressing interest in operating MLK Hospital. This brings the total number of interested parties to seven. Discussions are continuing with all seven parties.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care and Primary and Specialty Care Visits
Week Ending October 20, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	488	440	475	495	↑
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	↑

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume										Trend Indicator ¹
	Week of 8/19/07-8/25/07	Week of 8/26/07-9/1/07	Week of 9/2/07-9/8/07	Week of 9/9/07-9/15/07	Week of 9/16/07-9/22/07	Week of 9/23/07-9/29/07	Week of 9/30/07-10/6/07	Week of 10/7/07-10/13/07	Week of 10/14/07-10/20/07		
California Hospital Medical Center: 26 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	172	172	177	163	168	168	169	164	170	→	
# of 9-1-1 Transports	57	55	61	54	55	53	55	55	48	↓	
Centinela Freeman Regional Medical Center: 38 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	168	166	169	169	161	172	167	169	168	→	
# of 9-1-1 Transports	54	55	59	57	55	60	58	55	50	↓	
Downey Regional Medical Center: 22 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	140	136	136	134	122	135	130	128	133	→	
# of 9-1-1 Transports	25	27	21	24	22	24	23	21	26	↑	
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	228	233	249	209	234	231	259	239	231	→	
# of 9-1-1 Transports	28	25	27	32	28	23	22	22	25	↑	
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	94	94	97	95	88	95	91	86	94	→	
# of 9-1-1 Transports	15	16	18	13	13	14	15	12	14	→	
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	233	227	*	*	*	*	235	248	252	*	
# of 9-1-1 Transports	*	*	*	*	*	*	*	*	*	*	
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	83	75	85	82	81	84	88	83	82	→	
# of 9-1-1 Transports	15	16	16	15	13	16	16	16	18	↑	
St. Francis Medical Center: 39 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	179	170	191	174	183	171	170	167	163	→	
# of 9-1-1 Transports	35	33	39	34	34	28	33	35	28	↓	
White Memorial Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	114	114	120	114	109	112	111	111	114	→	
# of 9-1-1 Transports	12	14	18	18	13	17	15	15	17	↑	
TOTAL**											
# of Patients Registered in the Emergency Department	1,178	1,162	1,224	1,140	1,128	1,168	1,185	1,147	1,155	→	
# of 9-1-1 Transports	239	241	259	247	233	235	237	231	224	→	
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	213	207	210	218	207	209	203	228	211	→	
# of 9-1-1 Transports	9	11	13	11	11	13	11	11	14	↑	
LAC+USC Medical Center: 72 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	432	419	405	420	417	416	413	424	423	→	
# of 9-1-1 Transports	46	45	54	50	48	48	54	50	49	→	

* Not reported/available

These numbers have been updated based on revised information.

¹Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported for 8 hospitals where data is available.

**Due to hospitals not reporting data, this trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.



Health Services
LOS ANGELES COUNTY

October 26, 2007

**Los Angeles County
Board of Supervisors**

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Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

**SUBJECT: UPDATE ON MARTIN LUTHER KING, JR. – HARBOR
HOSPITAL EMPLOYEE MITIGATION AND RELATED ISSUES**

The following report will provide your Board with additional information related to the employee mitigation at Martin Luther King, Jr. – Harbor Hospital (MLK-H) and respond to the questions raised during the October 16, 2007 Board meeting.

I. MLK-H Employee Mitigations from November 2006, through September 2007

Over the last twelve months, there were a number of mitigations of employees from MLK-H to other Department of Health Services (DHS) facilities. The first mitigation occurred in November 2006, when the Pediatric, Neonatal Intensive Care Unit (NICU), and Pediatric Intensive Care Unit (PICU), including 21 MLK-H employees who staffed these units, transferred from MLK-H to Harbor-UCLA Medical Center (Harbor). On December 1, 2006, 252 residents left MLK-H and were mitigated to other private and County hospitals for the remainder of the training year, which ended on June 30, 2007. The next mitigation occurred in December 2006, when 113 staff from the psychiatry programs at MLK-H transferred to LAC+USC Medical Center, who took over the psychiatric inpatient programs at Augustus F. Hawkins.

The next mitigation took place in February 2007 as part of downsizing of MLK-H to a community hospital, when 395 MLK-H employees plus 54 physicians, who were not selected to remain at the MLK-H, were transferred throughout the Department. The latest mitigation occurred in September 2007, as result of closing the emergency department and remaining inpatient units, when 567 additional employees were mitigated. Also, the September mitigation included 21 employees who were transferred to other County departments. In addition to these mitigations, there currently remain 103 MLK-H employees on long-term leaves of absence, who will be mitigated upon their return to work.

II. MLK-H Employees leaving County Services (Retirements, Discharges, Resignations)

It is important to note, that in addition to the approximately 1,274 MLK-H

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employees who were mitigated from November 2007 through September 12, 2007, an additional 271 MLK-H employees left (retired, resigned or terminated from) County service from April 1, 2007 through August 31, 2007. During this time, competency testing was being conducted. Some of these individuals may have chosen one of these approaches to avoid the competency review.

III. MLK-H Employees on long-term Leave of Absence (LOA)

As mentioned above, 103 MLK-H employees currently remain on leaves of absence. Of these 58 are Worker's Compensation cases, resulting from Industrial Accidents. These are being followed by the Chief Executive Office's Risk Management Unit. The remaining 45 employees are either on Family-Medical Leave Act (FMLA) or long-term medical disability, and receive disability insurance. The Department's Human Resources Division implemented a central tracking process and is actively managing these employees. Specifically, in September, DHS HR sent certified letters to all employees on long-term medical disability requiring medical recertification of their disability.

It should be noted that of the 103 employees on long-term leaves, 21 went on leave while MLK-H implemented competency reviews on April 1, 2007.

In addition to the long-term leaves of absence, two employees are on extended military leave.

IV. Unassigned Staff

As of today, 12 MLK-H employees are on hold status with special assignment needs. Of these employees, 10 are physicians, one is a physician assistant, and one is a clerical staff. The clerical staff will be at the new assignment starting October 29th. Ten of the remaining staff are awaiting final assignment and are currently working at the MLK MACC.

V. Matching of mitigated MLK employees with new budgeted positions at Harbor UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center

At the October 16, 2007 meeting, your Board approved 357 new budgeted positions for Harbor and Rancho Los Amigos National Rehabilitation Center (Rancho) budget units, which are necessary to staff the additional bed capacities at these two hospitals. At the same time 1,171 positions were deleted from the MLK-H budget, of which 27 budgeted positions were transferred to Hubert. H. Humphrey Comprehensive Health Center and 170 budgeted positions to Harbor for facility management, materials management, and dental residency program, for a total net reduction of 974 budgeted positions. With the addition of 357 budgeted positions for the new Harbor and Rancho beds, the Department had a net reduction of 617 positions, approved through the supplemental budget resolution on October 16, 2007. This reduction of budgeted MLK-H positions was in addition to the reduction of

584 net budgeted positions, as part of the Board adopted budget on June 18, 2007. Of the 357 budgeted positions, 86 positions were needed to provide budgeted items for the added staffing for the 26 additional beds, which occurred during fiscal year 2006-07, to accommodate the increased patient load from the downsizing of MLK-H. Additionally, the 357 budgeted items include 3 budgeted positions to fund the Gastroenterology and Endocrinology fellows from Drew-sponsored programs in order for them to complete their residency.

The remaining 268 budgeted items for Rancho and Harbor were for the additional 70 beds to be opened at these two facilities. The September 2007 mitigation process was based on the following principles and priorities:

- Needs of the MLK MACC, and Harbor and Rancho for the additional beds, as per proposal in the supplemental budget.
- Matching of employee skills to vacancies identified on the Department's September 2007 vacancy report
- Employee geographical preferences and seniority
- Operational impact on the receiving facility
- Employee hardship applications (88)

Of the remaining 268 new positions the Department was able to fill 77 vacancies through the mitigation process: of the 204 budgeted positions at Rancho, the Department was able to fill 52 positions, through mitigation, and of the remaining 64 new positions at Harbor, we were able to fill 25 positions. However, both Rancho and Harbor received an additional 50 employees through the mitigation process, who did not meet the skills-set for the new budgeted positions, but were needed to fill other existing vacancies. The 567 mitigated MLK employees could not fill all 268 positions, because there was an insufficient match of items and an insufficient match of skill-sets for the vacant positions.

It should also be noted, that Rancho is planning to gradually staff up to the 50 additionally beds, and therefore did not need all 204 staff at the time of mitigation in September.

VI. Matching of physician specialist positions with new budgeted positions at Harbor and Rancho

At the time of mitigation, a total of 89 physician specialists were working at MLK-H. Of these, 19 physician specialists were not available for mitigation, for the following reasons: 4 were on long-term leaves of absence, 2 resigned and 12 were on hold for final assignment. Of the remaining 71 physician specialists, 55 were required to staff the MLK MACC. This left 16 physicians for mitigation to other facilities, 6 of which could be matched to the clinical skills needed at Rancho, 3 were matched with Harbor, and the remaining 7 physician specialists were matched at LAC+USC, Juvenile Court Health Services, and Hubert H. Humphrey Comprehensive Health Center.

VII. Number of registry staff reduced by the transfer

MLK-H hospital, including the outpatient clinics and urgent care center, had a very high number of registry staff, particularly in nursing. As reported above, one of the criteria for mitigation was to first fill the necessary positions for the MLK-MACC, in order to avoid a continued heavy reliance on registry staff. This meant only 175 nursing staff in all nursing classifications was available to be mitigated to the other facilities. Harbor and Rancho, which also had top priority for filling their needed items, particularly for the new budgeted positions. Also, some of the mitigated MLK-H nursing staff was performing work, for which the Department does not use registry staff (e.g., utilization review nurses). In addition to the nurses, there are other job classifications, for which the Department has to resort to registry due to staff shortages. In total, 110 of the mitigated staff were identified that could potentially replace a registry staff. Attachment I outlines these 110 employees by facility, the number of registries to be reduced and the reasons if a one-to-one reduction could not be achieved. The total estimated annual amount of registry cost reduction is \$2.3 million.

I hope this addresses your Boards questions. If you have any additional questions or need further information, please let me know.

BAC:rs

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
ESTIMATED REDUCTION OF REGISTRIES DUE TO MLK MITIGATION
FISCAL YEAR 2007-08
(\$ in Millions)

<u>Facility</u>	<u>Items that Facility uses Registries for</u> ^(A)	<u>No. of Registries to be Reduced</u>	<u>FY 2007-08 Estimated Savings</u>
LAC+USC	61	61	\$ 1.927
El Monte CHC	1	1	0.029
H/UCLA	19	4 ^(B)	0.150
Long Beach CHC	1	-	-
Humphrey CHC	6	1 ^(C)	0.016
Rancho	17	- ^(D)	-
ValleyCare	4 ^(E)	4	0.205
JCHS	1	-	-
Total	<u>110</u>	<u>71</u>	<u>\$ 2.327</u>

Notes Provided by Facilities:

- (A) Each facility uses registries for different specialties and in some cases do not use all available registry services. Therefore, when registries are not being used, reduction is not possible.
- (B) H/UCLA indicates minimal reduction in registry employees due to need to staff 20 additional beds that are to be opened as part of the MetroCare contingency plan.
- (C) Humphrey CHC indicates that of the 6 employees, 2 were already working at Humphrey for the last 2 years, but the budgeted items remained at MLK and 4 are RN's that were assigned to non-Urgent Care clinics where Humphrey does not use registry services.
- (D) Rancho indicates no reduction in registry use due to need to staff 52 additional beds that are to be opened as part of the MetroCare contingency plan.
- (E) Excludes 5 employees due to the following: 3 employees cited hardship concerns and did not remain at the facility, 1 employee was a no-show, and 1 employee terminated County service after placement.



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LOS ANGELES COUNTY

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October 30, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **BEILENSEN HEARING ON ELIMINATION OF INPATIENT
AND EMERGENCY SERVICES AT MARTIN LUTHER
KING, JR. - HARBOR HOSPITAL**

The public hearing (Beilenson) on the elimination of inpatient and emergency room services at Martin Luther King, Jr. (MLK) - Harbor Hospital is scheduled for October 30, 2007, at 12:00 noon, in the Board of Supervisors hearing room. The hearing will provide members of the public with the opportunity to be heard regarding the impact of the closures. The following is an overview of the comments that the Department will make during the hearing.

Reason for Closing MLK-Harbor Hospital

On August 10, 2007, the federal Centers for Medicare and Medicaid Services (CMS) provided its final determination based on the survey conducted at MLK-Harbor Hospital from July 23 to July 27, 2007. The Hospital failed to meet several conditions of participation and CMS terminated the Hospital's contract effective August 15, 2007.

On August 10, 2007, the Los Angeles County Department of Health Services (Department) notified the California State licensing authority that, in light of the notice of termination of the hospital's provider contract served by CMS, and the immediate, critical staffing shortages that resulted from that notice, the Department initiated urgent action to protect patient safety, including the closure of emergency department and inpatient services at the hospital.

Emergency services ceased immediately, the evening of August 10, 2007. MLK- Harbor Hospital's inpatient services closed over the next 11 days. All services closed in an orderly fashion.

Plans to Re-Open MLK Hospital

Hammes Company has been retained to work with the County to identify qualified operators who have the capability and interest in re-opening and operating the hospital on the current site.

On October 8, 2007, a Request for Solutions (RFS) to identify an operator

to re-open MLK Hospital was officially posted on the Department's website and sent to a group of prospective operators that contacted the Department and/or Hammes Company requesting to be on the distribution list for the RFS. The RFS was also distributed to three prospective operators identified and contacted via five-signature letters by your Board which invited them to enter into preliminary discussions regarding their potential involvement with the re-opening of MLK Hospital. The three entities are the University of California, Catholic Healthcare West, and the Daughters of Charity Health System.

In total, six parties have expressed interest in further discussions, including three who submitted Letters of Intent in response to the RFS and the three who were sent letters by your Board. Three of the parties participated in site visits to MLK on October 17 and 18, 2007. Site visits for the remaining three are being scheduled.

A public meeting to review the process and timeline for identifying potential operators for MLK and to solicit community input was held on October 10, 2007, at the Hudson Auditorium at MLK. There were approximately 200 attendees. Input from the meeting will be used during the next steps of the selection process.

Concurrently, the County is developing a plan to re-open MLK-Harbor as a County-operated hospital in the event that an outside operator cannot be identified.

Mitigation Efforts

The County worked collaboratively with the State Department of Health Services to voluntarily place the inpatient license in suspense for MLK-Harbor Hospital. This will allow a new operator or the County to re-open the hospital under the same seismic and Building and Safety Code standards.

Your Board approved a contingency plan to mitigate the impact of the hospital closure. Components of the contingency plan include:

- All outpatient primary, specialty and subspecialty clinics continue to operate through the MLK Multi-Service Ambulatory Care Center (MACC). As such, there has been no closure of outpatient clinic services, nor has there been a reduction in the level of outpatient clinic services.
- An Urgent Care Center was implemented that operates 16 hours per day, 7 days per week. The Urgent Care Center had been providing approximately 12,000 visits annually before the closure of the inpatient hospital and was projected to provide approximately 20,000 visits after the inpatient hospital closure. Based on actual utilization to date, it is currently projected to provide approximately 25,000 visits annually.
- On-site ambulance services during hours of Urgent Care Center operations were established to provide emergent care transfers to acute care hospitals as needed.

- The County designated nine (9) private hospitals as “impacted hospitals” and offered contracts to pay for uninsured patients brought by 9-1-1 ambulance from identified zip codes served previously by MLK. The hospital reimbursement rate is \$1,950 per day for up to 6 days for patients who are admitted and \$250 for patients who are treated and released. Doctors are paid through the County Emergency Medical Services (EMS) Physician Indigent Reimbursement Program at Medicare rates. Seven of the nine impacted hospitals have signed contracts to date. The impacted hospitals receive priority consideration for transfers of County-responsible patients into the County and MetroCare contract facilities.
- The EMS Agency, in coordination with local fire departments and EMS providers, redrew paramedic boundaries to re-distribute ambulance traffic. MLK-Harbor Hospital was receiving approximately 25-30 ambulance runs a day. EMS has closely tracked the impact on local hospitals and has made adjustments where necessary to balance the system where possible.
- The County retained the same 153-bed capacity as was present prior to the September 2006 CMS survey as follows:
 - 20 beds at Harbor-UCLA Medical Center (15 open as of October 9, 2007; remaining 5 beds scheduled to open on November 1, 2007).
 - 52 beds at Rancho Los Amigos National Rehabilitation Center (All 52 beds are available; 22 beds are currently staffed. Additional beds will be opened based on demand and staff recruitment).
 - Continuation of 17 MetroCare beds under existing MetroCare private hospital contracts.
 - In addition, the Department is maintaining the 64 inpatient beds previously opened at County facilities and private facilities under the MetroCare plan in the Fall of 2006.
- The 21 MLK psychiatry beds at Augustus Hawkins have moved to LAC+USC Medical Center’s license and operate under their management for a combined total of 71 inpatient psychiatric beds.
- The County launched a bilingual media campaign to educate South Los Angeles community residents about MLK service changes. The key messages of the campaign were to notify residents that urgent care and clinic services were open, and emergency services were closed. Components of the media campaign included:
 - A total of 485 radio spots airing on Hispanic and African-American stations.
 - Quarter-page print ads in the Compton Bulletin, CA Crusader, LA Watts Times and ACC; quarter-page ads in La Opinion.

- o A bilingual direct mailout to 300,000 residences in the MLK service area.
- o 100,000 bilingual (English/Spanish) flyers and 12,000 (3,000 each) in Korean, Chinese, Vietnamese, and Khmer, distributed to community partners, advocacy groups, area churches, public housing projects, and other interested parties. The flyer was also translated into Samoan.
- o 2,000 bilingual interior bus signs in bus routes in the MLK service area; 10 bus shelter signs posted within 3 miles of the MLK MACC.
- o Outreach efforts will continue.

Budget Impact

No net savings are assumed for the Department because DHS has sought continued provision of the services to the community through a combination of opening additional beds at DHS hospitals or existing MetroCare private hospital contracts.

The FY 2007-08 Supplemental Budget Resolution realigns funding within the Department to account for the elimination of inpatient services at MLK-Harbor and transfer of services among other facilities.

The Governor signed SB 474 on October 12, 2007, which will provide \$100 million annually to the South Los Angeles Medical Services Preservation Fund. These funds will help to offset the cost of the MLK MACC, impacted private hospitals, and County hospitals. The fund is available for up to three years or until the hospital re-opens.

Vision for the Future

The Department is committed to establishing the MLK MACC as a facility oriented to meeting the needs of community and community providers. MLK-Harbor Hospital provided approximately 167,000 outpatient visits in 2006. The plan for the MLK MACC envisions expanding to provide 190,000 visits annually. The Department has undertaken a comprehensive analysis and restructuring to improve efficiency and effectiveness at the MLK MACC.

It is the intent of the County to re-open the hospital within one year, either through the RFS process, direct negotiations with other interested providers, or as a County-operated facility.

If you have any questions or need additional information, please let me know.

BAC:lw

Beilenson memo to bos

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



Health Services
LOS ANGELES COUNTY

November 2, 2007

**Los Angeles County
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TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. *Splawn for Bruce Chernof*
Director and Chief Medical Officer

**SUBJECT: STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 556 total (adult and pediatric) urgent care visits in the week ending October 27, 2007 (Attachment I). This is a 12% increase from the prior week when 495 visits were provided.

There were 45 patients transferred out of the urgent care center to hospitals during the week ending October 27, 2007, compared to 37 patients the prior week. Four of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending October 27, 2007, was 2,177. This is less than a 1% decrease from the prior week when 2,192 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and

walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending October 27, 2007, a daily average of 1,031 patients registered in the EDs of the seven hospitals that provided data for this week (Attachment II). This reflects an 11% decrease from the daily average of 1,155 patients during the prior week, however this decrease is largely a reflection of one hospital not submitting their data for the week. Harbor-UCLA Medical Center registered a daily average of 233 ED patients during the week ending October 27, compared to 211 the prior week. Data for LAC+USC Medical Center was delayed this week and will be reported in the next update. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending October 27, 2007, there was a daily average of 184 9-1-1 transports to the seven hospitals that provided data for this week (Attachment II). This reflects an 18% decrease from the daily average of 224 9-1-1 transports during the prior week, however this decrease is largely a reflection of one hospital not submitting their data for the week. Data for Harbor-UCLA Medical Center and LAC+USC Medical Center was delayed this week and will be reported in the next update. This data is also self-reported by the hospitals.

On November 1, 2007, the EMS Agency met with Gardena Memorial Hospital and EMS providers to discuss mechanisms to address Gardena's impacted emergency department. The decision was made to maintain the hospital's service area and improve the process by which Gardena Memorial Hospital is able to request diversion from their service area when they are particularly impacted. Additionally, the process for transferring patients into DHS and MetroCare hospitals was reviewed and opportunities for Gardena to increase the number of patients transferred into the County system were discussed.

The EMS Agency has continued to monitor the EMS system and is working closely with field personnel and fire departments to evaluate the impact on the pre-hospital care system. A report on the impact of the closure of emergency departments on the EMS Provider agencies in the South Los Angeles area is being submitted to your Board under separate cover.

Progress to Re-open MLK-Harbor Hospital

There are seven parties that have expressed interest in entering into discussions to re-open MLK Hospital. The parties include four providers that submitted Letters of Intent (Temple Community Hospital and Medical Capital, The Black Foundation/Care Group International,

Pacific Hospital of Long Beach, and SSB Solutions) and three that received letters from your Board (University of California, Daughters of Charity, and Catholic Healthcare West). The deadline for submission of proposed solutions is Monday, November 5, 2007.

Community Outreach Campaign

The Department engaged in a large scale campaign to inform the community that the MLK MACC was open and that primary, specialty, and urgent care services were being provided. Since the closure of MLK-Harbor Hospital, the number of urgent care visits at the MLK MACC has increased and the number of primary and specialty care visits has remained level. Department and MLK MACC staff are currently working on a second phase of the outreach campaign that will reinforce the message that services are available at the MLK MACC and that will seek to increase the utilization of primary and specialty care services. The Department will provide details on the campaign in a future report.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending October 27, 2007¹

Visit Type	8/11/2007	8/18/2007	8/25/2007	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	Trend Indicator ²
Urgent Care ³	296	246	355	342	343	433	454	488	440	475	495	556	↑
Primary and Specialty Care	1,867	2,050	2,036	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	→

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Week of 8/19/07	Week of 8/26/07	Week of 9/2/07	Week of 9/9/07	Week of 9/16/07	Week of 9/23/07	Week of 9/30/07	Week of 10/7/07	Week of 10/14/07	Week of 10/21/07	Trend Indicator
California Hospital Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	172	172	177	183	188	188	189	184	170	169	→
# of 9-1-1 Transports	57	55	61	54	55	53	55	55	48	55	→
Cerentia Freeman Regional Medical Center: 38 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	168	168	169	169	161	172	167	169	168	.	.
# of 9-1-1 Transports	54	55	59	57	55	60	58	55	50	.	.
Downey Regional Medical Center: 22 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	140	138	138	134	122	135	130	128	133	128	→
# of 9-1-1 Transports	25	27	21	24	22	24	23	21	26	22	↓
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	228	233	249	209	234	231	259	239	231	245	→
# of 9-1-1 Transports	26	25	27	32	28	23	22	22	25	24	→
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	94	94	97	95	88	95	91	88	94	104	↑
# of 9-1-1 Transports	15	18	18	13	13	14	15	12	14	17	↑
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	233	227	.	.	.	.	235	248	252	247	.
of 9-1-1 Transports	.	.	.	.	.	.	.	.	.	.	.
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	83	75	85	82	81	84	88	83	82	85	→
# of 9-1-1 Transports	15	18	18	15	13	18	18	18	18	18	↑
St. Francis Medical Center: 39 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	179	170	191	174	163	171	170	167	163	187	↑
# of 9-1-1 Transports	35	33	39	34	34	28	33	35	28	30	→
White Memorial Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	114	114	120	114	109	112	111	111	114	113	→
# of 9-1-1 Transports	12	14	18	18	13	17	15	15	17	18	↑
TOTAL*											
# of Patients Registered in the Emergency Department	1,178	1,182	1,224	1,140	1,128	1,188	1,185	1,147	1,155	1031***	↑
# of 9-1-1 Transports	239	241	259	247	233	235	237	231	224	184***	↑
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	213	207	210	218	207	209	203	228	211	223	→
# of 9-1-1 Transports	9	11	13	11	11	13	11	11	14	28	↑
LAC+USC Medical Center: 72 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	432	419	405	420	417	418	413	424	423	.	.
# of 9-1-1 Transports	48	45	54	50	48	48	54	50	49	.	.

* Not reported/available

These numbers have been updated based on revised information.

†Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted); Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported for 8 hospitals where data is available.

**Due to hospitals not reporting data, the trend indicator for "Total" is calculated using 8 hospitals and excludes Long Beach Memorial Medical Center.

***Total does not include Cerentia Freeman Regional Medical Center for the week of 10/21-10/27/07.



Health Services

LOS ANGELES COUNTY

November 2, 2007

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TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **REPORT ON THE IMPACT OF THE CLOSURE OF
EMERGENCY DEPARTMENTS ON THE EMS PROVIDER
AGENCIES IN THE SOUTH LOS ANGELES AREA**

This is to inform your Board of the effects of the closure of Martin Luther King, Jr. - Harbor (MLK-H) Hospital and other emergency departments (EDs) on the Emergency Medical Services (EMS) 911 provider agencies in Los Angeles County. On October 11, 2007, the EMS Agency met with representatives from the Compton, Downey, Los Angeles City and Los Angeles County Fire Departments to discuss the closure of MLK-H and the resultant impact on the EMS system. With the exception of Downey, all of the fire departments represented at the meeting provide Emergency Medical Services via the 911 system to the South Los Angeles area and had routinely transported patients to MLK-H.

The consensus is that the MLK-H closure has compounded the challenges for expedient and effective delivery of EMS in the South Los Angeles and surrounding areas, following the prior closure of five private EDs since 2004 (Community Hospital of Gardena, ELA Star Community Hospital, Robert F. Kennedy Medical Center, Suburban Medical Center, and Centinela Freeman Medical Center-Memorial Campus). This is demonstrated by an increased 911 call volume; increased transport times to hospitals, longer wait times at hospitals, increased difficulty maintaining levels of 911 services to communities, and decreased ability to provide EMS mutual aid among EMS providers.

All of the EMS provider agencies reported longer wait times at hospitals to transfer care to hospital ED staff due to overcrowding. These wait times translate into longer "not available for service" times which delay the ability of the EMS provider units to respond to the next call. It is not uncommon for EMS personnel to wait with a patient in the ED hallway for two hours; waits as long as four hours have been reported.

Transport times have also increased because paramedic units are traveling further to reach more distant hospitals. Fire departments have traditionally provided mutual aid when an adjacent department's paramedic resources are fully committed and are unable to handle an incoming call. With fewer resources, smaller fire departments are finding

it increasingly difficult to respond to current call volumes and are frequently requesting mutual aid from surrounding departments. Since the MLK-H closure, there has been unprecedented movement of paramedic units throughout the surrounding cities as fire departments shuffle paramedic resources and staffing to maintain pre-closure levels of 911 services to their communities.

For example, when the two Compton Fire Department (CFD) paramedic units are committed to calls, and a third 911 call is received, Los Angeles County Fire Department (LACoFD) will dispatch a unit via mutual aid into Compton to ensure timely service. This leaves the area normally served by the LACoFD temporarily without a 911 responder. In response, a second LACoFD paramedic unit "moves up" to cover the first unit's area, leaving the second unit's area without paramedic service and again, a third unit moves up to cover the second unit's area. The continual "move ups" results in a ripple effect of uncovered areas around the County and fire departments scrambling to reposition paramedic units to maintain 911 service levels. If the move-up unit is directed to transport to a distant hospital, travel farther away from jurisdictional areas is required. "Not available for service" time is further increased when units have to wait extended periods of time to transfer care to ED staff.

To mitigate these impacts, the EMS Agency implemented new service area boundaries for some hospitals and a "round robin" patient destination procedure for others to achieve an equitable distribution of patients from the former MLK-H area. The "round robin" assists EMS personnel in determining hospital destination, minimizes prolonged transport times to distant hospitals and reduces inundating the closest hospitals. Additionally, two fire departments have added paramedic units and others continually adjust unit deployment and staffing.

The following information has been provided by the individual departments:

Compton Fire Department (CFD)

CFD reports an increase of 47 more 911 responses per month after the closure of MLK-H, along with increased waits to transfer patient care to ED staff, resulting in an increase in "not available for service" time. They have been relying on LACoFD to provide back up in their city more often than in the past. Although, CFD recognizes the need for a third paramedic unit, they have been unable to secure the needed paramedic resource due to financial constraints. Two paramedic receiving hospitals in their geographic area have closed in the last five years (Suburban Medical Center and MLK-H) and the fire department has been reassigned to another base hospital as a result.

Downey Fire Department (DFD)

DFD has experienced an increase in 911 calls and requests for mutual aid. DFD has had to leave their city to answer EMS calls west of their usual response area. ED wait times have increased remarkably and they are traveling to more distant hospitals. Ambulances are out of service for prolonged times, often waiting along side two or more patients simultaneously in the ED hallway. They report unpredictable peak loads of calls that quickly deplete their

resources, often in as little as 10 minutes. The amount of time dedicated to each call has increased by approximately 10%. At times, fire department dispatchers have been unable to identify available transportation units for patients in the field. These situations have caused delays in patient care and have tied up fire personnel while they wait for transportation units.

By comparing the 2-month period in 2006 to the same period in 2007, indicators of demonstrated system problems are as follows:

- *Paramedic transports – 14% increase*
- *Basic Life Support (BLS) transports – 10% decrease*
- *Mileage for EMS transport vehicles – 40% increase*
- *Wait times to off load patients – 50% increase*
- *Wait times to off load patients over 30 minutes - 10% of all transports*
- *Paramedic aid sent out of Downey – 36% increase*
- *Paramedic aid sent into Downey – 50% increase*
- *Total time committed to each EMS incident – 10% increase (does not include travel time returning to home district)*
- *BLS transports missed – 36% increase (remarkable since overall number of BLS transports are decreased)*

Los Angeles Fire Department (LAFD)

LAFD has experienced a 20-30% increase in engine company on scene time while awaiting paramedic ambulance arrival. This delay is due to the increased distance paramedic resources have to travel after delivering patients to more distant hospitals. LAFD has also seen an increase in 911 emergency traffic due to inaccessibility of a 24-hour healthcare facility in the South LA area. Walk-in patients that previously arrived by public transportation or personal vehicles, now seek 911 services. Wait times to transfer patient care to ED staff has also had a significant impact on LAFD's ability to staff resources.

LAFD's wait times to transfer patient care to ED staff is equivalent to having two staffed ambulances being out of service every 24 hours, this is 48 hours of waiting time per day. Within the last week, LAFD had eleven ambulances waiting simultaneously to transfer patients to ED staff at California Hospital Medical Center.

Patients that would have been transported to MLK-H now require an extended transport time, coupled with lengthy wait times at EDs, further delaying ambulance availability. Three hospital resources in the South Los Angeles area have closed in the last five years (Cintinela Freeman Medical Center-Memorial Campus, Robert F. Kennedy Medical Center and MLK-H). These three hospitals received approximately 38 patients per day from LAFD through the 911 system. To maintain consistent services in the South Los Angeles area, LAFD is in the process of staffing two additional ambulances for that area.

Los Angeles County Fire Department (LACoFD)

The MLK-H closure has had an impact on twelve LACoFD paramedic units and three

paramedic engines located within the cities of Inglewood, Hawthorne, Gardena, Lynwood, Huntington Park, Bell, South Gate, Paramount, and the associated unincorporated areas. As the local paramedic squads that cover the MLK-H area are transporting patients greater distances than previously and are being held at hospital EDs longer than normal, responding paramedic squads must handle calls outside of their normal coverage area, and then must transport even greater distances to hospitals. This creates a trickle-down effect of paramedic squads not being available. With hospital destination increasing 40-45%, and hospital wait times increasing up to 25%, it is evident that the impact of ED closures is far reaching and is impacting a far larger population than in the South LA area.

To address some of these impacts, LACoFD has added paramedic units to existing resources in the MLK-H area while reporting additional calls for mutual aid, particularly into Compton, thereby reducing any gains the additional paramedic unit provides.

Private Ambulance Providers

The private ambulance companies working under the Department of Health Services' 911 Emergency Transportation Agreement report that they have added units and adjusted staff to compensate for prolonged ED wait times. Representatives from American Medical Response, Care, Schaefer, and WestMed-McCormick ambulances companies agreed that BLS personnel have been particularly affected by extended waits at EDs to transfer patient care.

Recommendations

Fire departments have deployed paramedic units and staff as needed, attempting to meet the increased EMS demand. Transporting patients to the ED door and into the hospital for expedient care can occur only if there are enough beds, physicians, and nurses available within the hospital to admit and care for the patient. The fire departments believe that in order for the EMS system to work effectively, all components of the greater healthcare system must be fully functional. As such, the following recommendations are respectfully submitted for your consideration by the above named EMS provider agencies:

- Work aggressively to re-open a hospital and ED at MLK-H
- Continue a community outreach campaign to inform the public about the availability of primary, specialty, and urgent care services at the MLK MACC
- Support continuation and expansion of County clinics
- Ensure an aggressive flu shot campaign throughout the County including public education regarding the treatment of flu symptoms
- Work with the private and public hospitals to advocate for adequate State funding to stabilize the EMS system
- Work to ensure availability of adequate health care resources throughout the County
- Fund the implementation of an EMS system wide "electronic" data collection system to capture all EMS patients in a more efficient and timely manner
- Instruct the EMS Commission to review the EMS policies which are pertinent to the listed issues and revise as needed

It should be noted that all areas of the County's EMS system are challenged, including the Antelope and East San Gabriel Valley areas. The providers are very concerned about the potential for a patient surge due to a devastating flu season or additional crises in the healthcare system, such as the closure of another ED/hospital.

In summary, the loss of EDs and hospital beds in South Los Angeles has had a serious effect on both the EMS providers and the patients they serve. The EMS provider agencies are concerned about patient welfare and safety, lengthy transport times, the movement of patients and EMS personnel out of their own communities, and the increasing challenge of responding to 911 calls in a timely manner.

Thank you for your consideration in this urgent matter. If you have any questions or need additional information, please let me know.

BAC:cc
10-15

c: Chief Executive Officer
Executive Officer, Board of Supervisors
Chief Deputy Director, Department of Health Services
Director and Health Officer, Department of Public Health
Acting Director, Emergency Medical Services Agency
EMS Commission
President, Los Angeles Area Fire Chief Association
Chief, Compton Fire Department
Chief, Downey Fire Department
Chief, Los Angeles City Fire Department
Chief, Los Angeles County Fire Department



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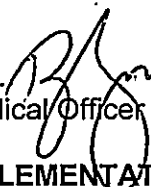
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November 9, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. 
Director and Chief Medical Officer

**SUBJECT: STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 415 total (adult and pediatric) urgent care visits in the week ending November 3, 2007 (Attachment I). This is a 25% decrease from the prior week when 556 visits were provided.

There were 23 patients transferred out of the urgent care center to hospitals during the week ending November 3, 2007, compared to 45 patients the prior week. None of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending November 3, 2007, was 2,175. This is essentially unchanged from the prior week when 2,177 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Patient Transportation for Scheduled Appointments

Patient transportation services are available between the MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

In October 2007, MLK provided transportation to 442 patients and companions. This compares to 362 patients and companions who were provided transportation in September 2007 and reflects a 22% increase.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending November 3, 2007, a daily average of 977 patients registered in the EDs of the seven hospitals that have provided data each week (Attachment II). This reflects a 5% decrease from the daily average of 1,027 patients during the prior week. LAC+USC Medical Center registered a daily average of 423 ED patients during the week ending November 3, compared to 445 the prior week. Data for Harbor-UCLA Medical Center was delayed this week and will be reported in the next update. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending November 3, 2007, there was a daily average of 174 9-1-1 transports to the seven hospitals that have provided data each week (Attachment II). This reflects a 4% decrease from the daily average of 181 9-1-1 transports during the prior week. LAC+USC Medical Center had a daily average of 48 9-1-1 transports during the week ending November 3, compared to 54 the prior week. Data for Harbor-UCLA Medical Center was delayed this week and will be reported in the next update. This data is also self-reported by the hospitals.

Impacted Hospital Transfer Program

During October 2007, the impacted hospitals referred 130 eligible patients to the EMS Agency for transfer into DHS and other hospitals. Of these, 68 were accepted for transfer. The main reasons why eligible patients were not accepted for transfer were: the patient was discharged (25), there was no capacity (7), the patient was unstable (6), and the patient no longer had an acute care need (5).

The hospitals that the 68 transfer went to include: LAC+USC Medical Center (22), Harbor-UCLA Medical Center (21), St. Vincent Medical Center (15), Olive View-UCLA Medical Center (4), and Rancho Los Amigos National Rehabilitation Center (2).

The EMS Agency hosts a weekly conference call with the impacted hospitals to provide information and answer questions on the impacted hospital program and patient transfers into the County system. A meeting has been scheduled for December 4, 2007, to review billing procedures. All impacted hospital program managers and billing staff will be invited.

Campaign to Inform the Community of Service Changes

Outreach Campaign

MLK MACC staff is attending community events, health fairs, and health conferences to provide information on primary, specialty, and urgent care services available at the MLK MACC. The MACC provided free walk-in influenza shots to the local community on November 6, 7, and 8 and additional flu shot clinics are being planned. DHS and the MLK MACC continue to actively work with various media venues to promote the availability of services at the MACC.

The Department is planning another direct mail campaign to community residents that will provide information on the types of services available at the MLK MACC and how to access them.

2-1-1 Call Volume

In October 2007 there were 277 calls to 2-1-1 related to MLK. This compares to 282 calls in September 2007 and reflects a decrease of 2%. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC.

Progress to Re-open MLK-Harbor Hospital

The deadline for submission of proposals from outside operators interested in re-opening MLK Hospital was Monday, November 5, 2007. Responses were received from five organizations: Temple Community Hospital and Medical Capital, The Black Foundation/Care Group International, Pacific Hospital of Long Beach, SSB Solutions, and BENGODWIN Realty. The three organizations that are continuing discussions after being requested to participate by your Board are the University of California, Daughters of Charity, and Catholic Healthcare West. Hammes is expected to make recommendations to the County by November 14, 2007 for operators who responded to the Request for Solutions (RFS) and meet the criteria to advance to the next steps.

South Los Angeles Medical Services Preservation Fund (SB 474)

On October 12, 2007, Governor Arnold Schwarzenegger signed into law Senate Bill (SB) 474 which established a \$100.0 million annual fund to stabilize health services for low-income, underserved populations of South Los Angeles. The "South Los Angeles Medical Services Preservation Fund" is intended to address the regional impact of the closure of Martin Luther King, Jr. (MLK) - Harbor Hospital and will help defray County costs for treating uninsured patients in the South Los Angeles area. The Department is providing an update on the Fund to your Board under separate cover.

Conclusion

I will continue to update you on the status of the MLK contingency services plan on a weekly basis. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume*										Trend Indicator†
	Week of 9/2/07-9/8/07	Week of 9/9/07-9/15/07	Week of 9/16/07-9/22/07	Week of 9/23/07-9/29/07	Week of 9/30/07-10/6/07	Week of 10/7/07-10/13/07	Week of 10/14/07-10/20/07	Week of 10/21/07-10/27/07	Week of 10/28/07-11/3/07		
California Hospital Medical Center: 26 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	177	163	168	168	169	164	170	169	150	↓	
# of 9-1-1 Transports	61	54	55	53	55	50	48	55	50	→	
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	169	169	161	172	167	169	168	*	*	*	
# of 9-1-1 Transports	59	57	55	60	62	58	50	*	*	*	
Downey Regional Medical Center: 22 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	136	134	122	135	130	128	132	127	129	→	
# of 9-1-1 Transports	21	24	22	24	23	24	25	21	22	↓	
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	249	209	234	231	231	236	232	244	238	→	
# of 9-1-1 Transports	27	32	28	23	25	24	25	24	22	↓	
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	97	95	88	95	91	92	94	104	97	→	
# of 9-1-1 Transports	18	13	13	14	15	11	14	17	18	↑	
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	239	234	234	241	239	248	248	247	225	↓	
# of 9-1-1 Transports	*	*	*	*	40	40	39	42	37	↓	
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	85	82	81	84	88	83	85	83	71	↓	
# of 9-1-1 Transports	16	15	13	18	16	20	17	16	14	↓	
St. Francis Medical Center: 39 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	191	174	163	171	170	167	163	167	177	→	
# of 9-1-1 Transports	39	34	34	28	33	30	26	30	31	→	
White Memorial Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	120	114	109	112	111	111	114	113	115	→	
# of 9-1-1 Transports	18	18	13	17	15	16	20	18	17	→	
TOTAL											
# of Patients Registered in the Emergency Department	1,224	1,140	1,126	1,168	1,157	1,150	1,158	1,027**	977**	↓	
# of 9-1-1 Transports	259	247	233	235	244	233	225	181**	174**	↓	
Harbor/UCLA Medical Center: 65 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	210	218	207	209	203	228	219	223	*	*	
# of 9-1-1 Transports	13	11	11	13	11	11	18***	28	*	*	
LAC+USC Medical Center: 72 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	405	420	417	416	413	424	423	445	423	→	
# of 9-1-1 Transports	54	50	48	48	54	47	49	54	48	↓	

* Not reported/available

These numbers have been updated based on revised information.

†Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported where data is available.

**Total does not include Centinela Freeman Regional Medical Center.

***Beginning October 18, 2007 Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to October 18, 2007 BLS transports were not included in the total.

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending November 3, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	556	415	↓
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	→

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is not included in the calculation of the trend indicator.



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November 16, 2007

TO: Each Supervisor

FROM: John R. Cochran, III
Chief Deputy Director

SUBJECT: **UPDATE ON MARTIN LUTHER KING, JR. HOSPITAL
REQUEST FOR SOLUTIONS PROCESS**

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

Hammes Company, the consulting firm engaged by the County to identify potential operators for Martin Luther King, Jr. hospital, has forwarded their list of potential operators that responded to the Request for Solutions process that they recommend moving forward in the process of determining the best potential operator for the hospital.

Five (5) organizations submitted proposals during the RFS process. Based on a detailed review of submitted materials, Hammes is recommending that one provider move forward to the next step of the process, Pacific Hospital of Long Beach. Pacific Hospital operates a hospital in North Long Beach and meets the criteria that were established by the County to be considered in the next step. The other organizations were not able to satisfy all criteria.

In addition to this one organization identified through the RFS process, discussions are continuing with the three organizations that the Board of Supervisors identified as potential operators of MLK. We will be providing an update on the status of those discussions on Tuesday of next week.

JRC:jrc

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

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November 16, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 469 total (adult and pediatric) urgent care visits in the week ending November 10, 2007 (Attachment I). This is a 13% increase from the prior week when 415 visits were provided.

There were 38 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during the week ending November 10, 2007, compared to 23 patients the prior week. None of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending November 10, 2007, was 2,399. This is a 10% increase from the prior week when 2,175 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending November 10, 2007, a daily average of 1,172 patients registered in the EDs of the eight hospitals that provided data for the week (Attachment II). This reflects a 2% decrease from the daily average of 1,201 patients during the prior week. LAC+USC Medical Center registered a daily average of 411 ED patients during the week ending November 10, compared to 423 the prior week. Harbor-UCLA Medical Center registered a daily average of 210 ED patients during the week ending November 10, compared to 209 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending November 10, 2007, there was a daily average of 215 9-1-1 transports to the eight hospitals that provided data for the week (Attachment II). This reflects a 3% increase from the daily average of 209 9-1-1 transports during the prior week. LAC+USC Medical Center had a daily average of 52 9-1-1 transports during the week ending November 10, compared to 48 the prior week. Harbor-UCLA Medical Center had a daily average of 28 9-1-1 transports during the week ending November 10, compared to 25 the prior week. This data is also self-reported by the hospitals.

On November 14, 2007, the DHS Director and the DHS Senior Medical Director met with the Emergency Medical Services Commission to discuss the impact of the closure of MLK-Harbor Hospital on the EMS system and to request that the Commission lead efforts to mitigate the impact to the system during the upcoming flu season. These efforts could include innovative processes and programs to increase pre-hospital services and redirect EMS demand.

The Hospital Association of Southern California (HASC) hosted a meeting on November 15, 2007, with representatives from DHS, the EMS Agency, the Department of Public Health, 9-1-1 receiving hospitals, fire departments, ambulance companies, and clinics, to discuss the winter flu season and provide recommendations to mitigate potential negative effects to the healthcare system. Concepts for improved communication and services were discussed and a taskforce was identified to work toward new protocols for EMS services during a potential flu crisis.

On November 15, 2007, Harbor-UCLA Medical Center requested a diversion of ambulance traffic due to a high volume of patients in the emergency room and hospital. The EMS Agency collaborated with Harbor-UCLA Medical Center to identify patients to transfer to other facilities. *The diversion was lifted after four hours.*

Progress to Re-open MLK-Harbor Hospital

On November 15, 2007, a community meeting was held to provide the Department with input on criteria that should be used by the County for the selection of a new operator for the hospital. These criteria will be considered for those operators who meet the minimum requirements and are recommended by Hammes Company to advance to the next phase of the Request for Solutions (RFS) process. An update on the RFS progress and related negotiations is being provided to your Board today under separate cover.

Conclusion

I will continue to update you on the status of the MLK contingency services plan. Due to the Thanksgiving holiday the next written status report will be issued on November 30, 2007. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
Urgent Care, Primary and Specialty Care Visits
Week Ending November 10, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	556	415	469	→
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	↑

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is not included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume										
	Week of 9/2/07- 9/8/07	Week of 9/9/07- 9/15/07	Week of 9/16/07- 9/22/07	Week of 9/23/07- 9/29/07	Week of 9/30/07- 10/6/07	Week of 10/7/07- 10/13/07	Week of 10/14/07- 10/20/07	Week of 10/21/07- 10/27/07	Week of 10/28/07- 11/3/07	Week of 11/4/07- 11/10/07	Trend Indicator ¹
California Hospital Medical Center: 26 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	177	163	168	168	169	164	170	169	150	154	↓
# of 9-1-1 Transports	61	54	55	53	55	50	48	55	50	49	→
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	169	169	161	172	167	169	168	*	*	*	*
# of 9-1-1 Transports	59	57	55	60	62	58	50	*	*	*	*
Downey Regional Medical Center: 22 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	138	134	122	135	130	128	132	127	129	128	→
# of 9-1-1 Transports	21	24	22	24	23	24	25	21	22	24	→
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	249	209	234	231	231	236	232	244	238	224	↓
# of 9-1-1 Transports	27	32	28	23	25	24	25	24	22	23	→
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	97	95	88	95	91	92	94	104	97	91	↓
# of 9-1-1 Transports	18	13	13	14	15	11	14	17	18	18	↑
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	239	234	234	241	239	248	248	247	227	221	↓
# of 9-1-1 Transports	*	*	*	*	40	40	39	42	36	35	↓
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	85	82	81	84	88	83	85	83	71	76	↓
# of 9-1-1 Transports	16	15	13	18	16	20	17	16	14	18	↑
St. Francis Medical Center: 39 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	191	174	163	171	170	167	163	187	174	170	→
# of 9-1-1 Transports	39	34	34	28	33	30	26	30	30	33	↑
White Memorial Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	120	114	109	112	111	111	114	113	115	108	→
# of 9-1-1 Transports	18	18	13	17	15	16	20	18	17	15	↓
TOTAL											
# of Patients Registered in the Emergency Department	1,463	1,374	1,360	1,409	1,396	1,398	1,406	1,274**	1,201**	1,172**	↓
# of 9-1-1 Transports	259	247	233	235**	284	273	264	223**	209**	215**	↓
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	210	218	207	209	203	228	219	225	209	210	→
# of 9-1-1 Transports	13	11	11	13	28 [†]	29	24	29	25	28	→
LAC+USC Medical Center: 72 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	405	420	417	416	413	424	423	445	423	411	→
# of 9-1-1 Transports	54	50	48	48	54	47	49	54	48	52	↑

* Not reported/available

These numbers have been updated based on revised information.

¹Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported where data is available.

**Total does not include Centinela Freeman Regional Medical Center.

[†]Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in the total.

***Prior to the week ending 9/29/07, total for number of 9-1-1 transports does not include Long Beach Memorial Medical Center.



Health Services
LOS ANGELES COUNTY

November 30, 2007

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

**SUBJECT: STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. - HARBOR HOSPITAL**

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 436 total (adult and pediatric) urgent care visits in the week ending November 24, 2007 (Attachment I). This is a 15% decrease from the prior week when 515 visits were provided. The decrease is likely due to the Thanksgiving holiday.

There were 29 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during the week ending November 24, 2007, compared to 35 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits for the week ending November 24, 2007, was 1,520 (Attachment I). This is a 26% decrease from the prior week when 2,054 visits were provided. The decrease is likely due to the Thanksgiving holiday.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals - Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective

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manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending November 24, 2007, a daily average of 1,348 patients registered in the EDs of the nine impacted hospitals (Attachment II). This reflects a 6% decrease from the daily average of 1,438 patients during the prior week. LAC+USC Medical Center registered a daily average of 379 ED patients during the week ending November 24, compared to 422 the prior week. Harbor-UCLA Medical Center registered a daily average of 258 ED patients during the week ending November 24, compared to 246 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending November 24, 2007, there was a daily average of 259 9-1-1 transports to the nine impacted hospitals (Attachment II). This reflects a 10% decrease from the daily average of 287 9-1-1 transports during the prior week. LAC+USC Medical Center had a daily average of 47 9-1-1 transports during the week ending November 24, compared to 50 the prior week. Harbor-UCLA Medical Center had a daily average of 27 9-1-1 transports during the week ending November 24, compared to 26 the prior week. This data is also self-reported by the hospitals.

Community Outreach Campaign

Department staff are currently developing the second phase of the outreach campaign to reinforce the message that services are available at the MLK MACC and to promote the utilization of primary and specialty care services. The campaign will be launched in early 2008.

The MLK MACC has held a number of events in which they have provided free influenza vaccinations to community members. The next scheduled flu clinics at the MLK MACC are December 4 – 6 from 10:00 a.m. to 4:00 p.m. MACC staff have issued a press release on the flu clinics and have distributed flyers throughout MLK MACC clinics and to Public Private Partnership clinics, community organizations, and local schools.

Harbor-UCLA Medical Center

The Department is discussing an implementation plan with the Chief Executive Office to expand the urgent care center at Harbor-UCLA Medical Center to include Saturday and Sunday from 8:00 a.m. to 11:00 p.m. The urgent care center is currently open Monday through Friday from 8:00 a.m. to 12:30 a.m. and Saturdays from 10:00 a.m. to 6:30 p.m. The expansion of urgent care should assist with decompressing Harbor's Emergency Department (ED). The Department anticipates that it can fund the expansion with existing Departmental resources during the current fiscal year.

On November 27, 2007, the EMS Medical Alert Center (MAC) conducted an eight hour trial of the pilot transfer program between Harbor-UCLA Medical Center ED and Rancho Los Amigos and participating private hospitals. As a result of the trial, four patients were transferred out of the ED. Three of the patients were accepted to the LA Community Network and one patient was accepted to St. Vincent Medical Center. All of these patients required a monitored telemetry bed, which Harbor-UCLA was unable to provide due to full capacity in their telemetry unit. The transfer of these patients helped to decompress the ED.

Beginning December 3, 2007, the pilot transfer program will be implemented at Harbor-UCLA Medical Center from Monday through Friday, from 6:30 a.m. to 3:00 p.m.

Conclusion

I will continue to update you on the status of the MLK contingency services plan. If you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending November 24, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	11/17/2007	11/24/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	558	415	469	515	436	↓
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	2,054**	1,520**	↑

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays.

** Number of visits is lower due to holidays. This number is weighted for use in the calculation of the trend indicator.

**Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL**

Hospital	Average Daily Emergency Department (ED) Volume													Trend Indicator ¹
	Week of 9/2/07- 9/8/07	Week of 9/9/07- 9/15/07	Week of 9/16/07- 9/22/07	Week of 9/23/07- 9/29/07	Week of 9/30/07- 10/6/07	Week of 10/7/07- 10/13/07	Week of 10/14/07- 10/20/07	Week of 10/21/07- 10/27/07	Week of 10/28/07- 11/3/07	Week of 11/4/07- 11/10/07	Week of 11/11/07- 11/17/07	Week of 11/18/07- 11/24/07		
California Hospital Medical Center: 26 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	177	163	168	168	169	164	170	169	150	154	165	151	↓	
# of 9-1-1 Transports	61	54	55	53	55	50	48	55	50	49	53	49	↓	
Cenilnela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	169	169	161	172	167	169	174	172	158	166	180	170	→	
# of 9-1-1 Transports	59	57	55	60	62	58	55	57	52	55	60	60	↑	
Downey Regional Medical Center: 22 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	136	134	122	135	130	128	132	127	129	128	137	128	→	
# of 9-1-1 Transports	21	24	22	24	23	24	25	21	22	24	25	21	↓	
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	249	209	234	231	231	236	232	244	238	224	238	220	↓	
# of 9-1-1 Transports	27	32	28	23	25	24	25	24	22	23	25	21	↓	
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	97	95	88	95	91	92	94	104	97	91	100	98	→	
# of 9-1-1 Transports	18	13	13	14	15	11	14	17	18	18	16	15	↓	
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	239	234	234	241	239	248	248	247	227	224	246	236	→	
# of 9-1-1 Transports	*	*	*	*	40	40	39	42	36	35	42	37	→	
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	85	82	81	84	88	83	85	83	71	76	84	73	↓	
# of 9-1-1 Transports	16	15	13	16	16	20	17	16	14	18	18	12	↓	
St. Francis Medical Center: 39 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	191	174	163	171	170	167	163	187	177	170	174	163	↓	
# of 9-1-1 Transports	39	34	34	28	33	30	26	30	31	32	30	30	→	
White Memorial Medical Center: 28 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	120	114	109	112	111	111	114	113	115	108	114	109	→	
# of 9-1-1 Transports	18	18	13	17	15	16	20	18	17	15	18	14	↓	
TOTAL														
# of Patients Registered in the Emergency Department	1,463	1,374	1,360	1,409	1,396	1,398	1,412	1,446	1,362	1,341	1,438	1,348	↓	
# of 9-1-1 Transports	259	247	233	235***	284	273	269	280	262	269	287	259	↓	
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	210	218	207	209	203	228	219	225	209	210	246	258**	↑	
# of 9-1-1 Transports	13	11	11	13	28 ¹	29	24	29	25	28	26	27**	→	
LAC+USC Medical Center: 72 Emergency Department Treatment Stations														
# of Patients Registered in the Emergency Department	405	420	417	416	413	424	423	445	423	411	422	379	↓	
# of 9-1-1 Transports	54	50	48	48	54	47	49	54	48	52	50	47	↓	

* Not reported/available

These numbers have been updated based on revised information.

¹ Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported

² Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in

** Harbor/UCLA Medical Center reported 3 days of data for this week; trend indicator is calculated using available data.

*** Prior to the week ending 9/29/07, total for number of 9-1-1 transports does not include Long Beach Memorial Medical Center.



Health Services
LOS ANGELES COUNTY

December 7, 2007

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. *R. Splawn for*
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

MLK MACC Service Indicators

Urgent Care

There were 494 total (adult and pediatric) urgent care visits in the week ending December 1, 2007 (Attachment I). This is a 13% increase from the prior week when 436 visits were provided.

There were 39 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during the week ending December 1, 2007, compared to 29 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits for the week ending December 1, 2007, was 2,572 (Attachment I). This is a 69% increase from the prior week when 1,520 visits were provided. The prior week was lower due to the Thanksgiving holiday.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance service areas to redirect 9-1-1 ambulances in an effective

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manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from MLK's geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was also allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

On December 4, 2007, the EMS Agency met with the impacted hospital program managers and billing staff to review the impacted hospital contracts and procedures for enrollment, transfer and payment for eligible patients. Four of the seven impacted hospitals who signed contracts participated (California Hospital Medical Center, Memorial Hospital of Gardena, St. Francis Medical Center, and White Memorial Medical Center). The program implementation will continue to be monitored.

On December 1, 2007, Downey Fire Department held a flu vaccine clinic in conjunction with the Department of Public Health. Over 600 vaccines were administered. The program was well received by all of the participants.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending December 1, 2007, a daily average of 1,193 patients registered in the EDs of the nine impacted hospitals (Attachment II). This reflects an 11% decrease from the daily average of 1,348 patients during the prior week. LAC+USC Medical Center registered a daily average of 412 ED patients during the week ending December 1, compared to 379 the prior week. Harbor-UCLA Medical Center registered a daily average of 228 ED patients during the week ending December 1, compared to 246 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending December 1, 2007, there was a daily average of 200 9-1-1 transports to the nine impacted hospitals (Attachment II). This reflects a 23% decrease from the daily average of 259 9-1-1 transports during the prior week. LAC+USC Medical Center had a daily average of 45 9-1-1 transports during the week ending December 1, compared to 47 the prior week. Harbor-UCLA Medical Center had a daily average of 26 9-1-1 transports during the week ending December 1, compared to 27 the prior week. This data is also self-reported by the hospitals.

Impacted Hospital Transfer Program

During November 2007, the impacted hospitals referred 71 eligible patients to the EMS Agency for transfer into DHS and other hospitals. Of these, 27 were accepted for transfer. The main reasons why eligible patients were not accepted for transfer were: the patient was discharged (23), the patient no longer had an acute care need (4), there was no capacity (4), and the patient had insurance (3).

The 27 patients that were transferred went to the following hospitals: St. Vincent Medical Center (12), Harbor-UCLA Medical Center (8), LAC+USC Medical Center (5), Olive View-UCLA Medical Center (1), and Los Angeles Community Hospital (1).

Harbor-UCLA Medical Center

Beginning December 3, 2007, the EMS Agency implemented a satellite Medical Alert Center (MAC) at Harbor-UCLA Medical Center to facilitate the transfer of patients from Harbor-UCLA Medical Center ED to Rancho Los Amigos and participating private hospitals. The pilot transfer program is operational Monday through Friday, from 6:30 a.m. to 3:00 p.m. MAC staff are transferring five to seven patients per day to other hospitals.

The Department is working closely with Harbor-UCLA Medical Center management to do a thorough analysis of options to further decompress Harbor and will be reviewing these options with the Chief Executive Office.

Conclusion

I will continue to update you on the status of the MLK contingency services plan. In the meantime, if you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
 MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending December 1, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	11/17/2007	11/24/2007	12/1/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	558	415	469	515	436	494	↑
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	2,054*	1,520*	2,572	↑

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is included in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume														Trend Indicator
	Week of 9/2/07 - 9/8/07	Week of 9/9/07 - 9/15/07	Week of 9/16/07 - 9/22/07	Week of 9/23/07 - 9/29/07	Week of 9/30/07 - 10/6/07	Week of 10/7/07 - 10/13/07	Week of 10/14/07 - 10/20/07	Week of 10/21/07 - 10/27/07	Week of 10/28/07 - 11/3/07	Week of 11/4/07 - 11/10/07	Week of 11/11/07 - 11/17/07	Week of 11/18/07 - 11/24/07	Week of 11/25/07 - 12/1/07		
California Hospital Medical Center: 26 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	177	163	168	168	169	164	170	169	150	154	165	151	157	→
# of 9-1-1 Transports	61	54	55	53	55	50	48	55	55	50	49	53	49	45	↓
Cedars-Sinai Medical Center: 39 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	169	169	161	172	167	174	172	158	166	180	170	174 ³	→	
# of 9-1-1 Transports	59	57	55	60	62	58	55	57	52	55	60	60	54 ⁴	→	
Downey Regional Medical Center: 22 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	138	134	122	135	139	128	132	127	129	128	137	128	125	→
# of 9-1-1 Transports	21	24	22	24	23	24	25	21	22	24	25	21	20	↓	
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	249	209	234	231	231	238	232	244	238	224	238	220	227	→
# of 9-1-1 Transports	27	32	28	23	25	24	25	24	24	22	23	25	21	24	↓
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	97	65	89	95	91	92	94	104	97	91	100	98	92	→
# of 9-1-1 Transports	18	13	13	14	15	11	14	17	18	18	16	15	17	→	
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	239	234	234	241	239	248	248	247	227	224	240	238	245	↓
# of 9-1-1 Transports	*	*	*	*	40	40	39	42	42	38	35	42	37	33	↓
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	85	82	81	84	88	83	85	83	71	76	84	73	60	↓
# of 9-1-1 Transports	18	15	13	16	18	20	17	18	16	14	18	18	12	15	→
St. Francis Medical Center: 39 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	191	174	183	171	170	167	163	187	177	170	174	183	161	↓
# of 9-1-1 Transports	39	34	34	28	33	30	26	30	31	32	30	30	30	31	→
White Memorial Medical Center: 28 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	120	114	109	112	111	111	114	113	115	108	114	109	106	→
# of 9-1-1 Transports	18	18	13	17	15	18	20	18	18	17	15	18	14	15	↓
TOTAL	# of Patients Registered In the Emergency Department	1,483	1,374	1,360	1,409	1,398	1,388	1,412	1,448	1,382	1,341	1,438	1,348	1,193	↓
# of 9-1-1 Transports	259	247	233	235 ³	284	273	269	289	280	282	269	287	259	200	↓
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	210	218	207	209	203	228	219	225	209	210	248	248	228 ⁴	→
# of 9-1-1 Transports	13	11	11	13	28 ²	28	24	29	29	25	28	28	27	28 ⁴	→
LAC+USC Medical Center: 72 Emergency Department Treatment Stations	# of Patients Registered In the Emergency Department	405	420	417	418	413	424	423	445	423	411	422	379	412	→
# of 9-1-1 Transports	54	50	48	48	54	47	49	54	54	48	52	50	47	45	↓

* Not reported/available

These numbers have been updated based on revised information.

¹ Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted); Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported where data is available.² Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in the total.³ Prior to the week ending 9/29/07, total for number of 9-1-1 transports does not include Long Beach Memorial Medical Center.⁴ Harbor/UCLA Medical Center reported 3 days of data for this week; trend indicator is calculated using available data.⁵ Cedars-Sinai Medical Center reported 2 days of data for this week; trend indicator and total are calculated using available data.



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Fifth District

December 14, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

MLK MACC Service Indicators

Urgent Care

There were 476 total (adult and pediatric) urgent care visits in the week ending December 8, 2007 (Attachment I). This is a 4% decrease from the prior week when 494 visits were provided.

There were 35 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during the week ending December 8, 2007, compared to 39 patients the prior week. One of these transfers was initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits for the week ending December 8, 2007, was 2,414 (Attachment I). This is a 6% decrease from the prior week when 2,572 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Patient Transportation for Scheduled Appointments

Patient transportation services are available between the MLK MACC, Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, and Dollarhide Health Center. Patients can arrange for door-to-door transportation from home for scheduled appointments. Transportation services are provided Monday through Friday, 7:00 a.m. to 5:00 p.m.

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In November 2007, MLK provided transportation to 399 patients and companions. This compares to 442 patients and companions who were provided transportation in October 2007.

2-1-1 Call Volume

In November 2007 there were 198 calls to 2-1-1 related to MLK. This compares to 277 calls in October 2007. Callers to 2-1-1 have the option of receiving recorded information on MLK, speaking to a call center operator, or being transferred directly to the MLK MACC.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance service areas to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from MLK's geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was also allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

During the week ending December 8, 2007, a daily average of 1,334 patients registered in the EDs of the nine impacted hospitals (Attachment II). This reflects a 2% decrease from the daily average of 1,360 patients during the prior week. Harbor-UCLA Medical Center registered a daily average of 280 ED patients during the week ending December 8, which is the same as the prior week. Data for LAC+USC Medical Center will be included in the next update. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending December 8, 2007, there was a daily average of 272 9-1-1 transports to the nine impacted hospitals (Attachment II). This reflects an 8% increase from the daily average of 251 9-1-1 transports during the prior week. Harbor-UCLA Medical Center had a daily average of 31 9-1-1 transports during the week ending December 8, compared to 26 the prior week. Data for LAC+USC Medical Center will be included in the next update. This data is also self-reported by the hospitals.

Progress to Re-open MLK-Harbor Hospital

Work is actively continuing with the Regents of the University of California, Catholic Healthcare West, and the Pacific Hospital of Long Beach. As discussed in recent reports, the Department plans to bring recommendations to your Board by the end of January 2008.

Conclusion

I will continue to update you on the status of the MLK contingency services plan. In the meantime, if you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending December 8, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	11/17/2007	11/24/2007	12/1/2007	12/8/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	556	415	469	515	436	494	476	→
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	2,054*	1,520*	2,572	2,414	→

Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

Trend indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

Urgent care visits include pediatric and adult urgent care visits.

Number of visits is lower due to holidays. This number is weighted for use in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume														Trend Indicator ¹
	Week of 8/20/07-9/6/07	Week of 9/9/07-9/15/07	Week of 9/22/07-9/28/07	Week of 9/29/07-10/5/07	Week of 10/6/07-10/12/07	Week of 10/13/07-10/19/07	Week of 10/20/07-10/26/07	Week of 10/27/07-11/2/07	Week of 11/3/07-11/9/07	Week of 11/10/07-11/16/07	Week of 11/17/07-11/23/07	Week of 11/24/07-11/30/07	Week of 12/1/07-12/7/07	Week of 12/8/07-12/14/07	
California Hospital Medical Center: 26 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	177	163	168	168	169	164	170	169	150	154	165	151	157	153	→
# of 0-1-1 Transports	81	54	55	53	55	50	48	55	50	49	53	49	45	45	→
Censcola Freeman Regional Medical Center: 36 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	169	169	161	172	167	169	174	172	158	166	180	170	176	171	→
# of 0-1-1 Transports	59	57	55	60	62	58	55	57	52	55	60	60	50	50	→
Downey Regional Medical Center: 22 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	136	134	122	135	130	128	132	127	129	128	137	128	125	121	↓
# of 0-1-1 Transports	21	24	22	24	23	24	25	21	22	24	25	21	20	21	↓
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	249	209	234	231	231	236	232	244	238	224	238	220	227	222	→
# of 0-1-1 Transports	27	32	28	23	25	24	25	24	22	23	25	21	24	25	↑
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	97	95	88	95	91	92	94	104	97	91	100	88	92	87	↓
# of 0-1-1 Transports	18	13	13	14	15	11	14	17	18	18	15	15	17	14	↓
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	239	234	234	241	239	248	248	247	227	224	248	236	238	235	→
# of 0-1-1 Transports	*	*	*	*	40	40	39	42	36	35	42	37	34	43	↑
Memorial Hospital of Gardens: 10 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	85	82	81	84	88	83	85	83	71	78	84	73	80	71	↓
# of 0-1-1 Transports	16	15	13	16	16	20	17	16	14	18	18	12	15	15	→
St. Francis Medical Center: 39 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	191	174	163	171	170	167	163	187	177	170	174	163	161	171	→
# of 0-1-1 Transports	39	34	34	28	33	30	28	30	31	32	30	30	31	31	→
White Memorial Medical Center: 28 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	120	114	109	112	111	111	114	113	115	108	114	109	106	103	↓
# of 0-1-1 Transports	18	18	13	17	15	18	20	18	17	15	18	14	15	19	↑
TOTAL															
# of Patients Registered in the Emergency Department	1,463	1,374	1,360	1,409	1,398	1,398	1,412	1,448	1,362	1,341	1,438	1,348	1,360	1,334	→
# of 0-1-1 Transports	259	247	233	235 ²	284	273	269	280	262	269	287	259	251	272	→
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	210	218	207	209	203	228	219	225	209	210	246	246	280	280	↑
# of 0-1-1 Transports	13	11	11	13	28 ²	29	24	29	25	28	26	27	26	31	↑
LAC+USC Medical Center: 72 Emergency Department Treatment Stations															
# of Patients Registered in the Emergency Department	405	420	417	418	413	424	423	445	423	411	422	379	412	*	*
# of 0-1-1 Transports	54	50	48	48	54	47	49	54	48	52	50	47	45	*	*

* Not reported/available

These numbers have been updated based on revised information.

¹ Trend Indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted). Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend Indicator is reported where data is available.

² Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in the total.

³ Prior to the week ending 9/28/07, total for number of 0-1-1 transports does not include Long Beach Memorial Medical Center.



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December 21, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **STATUS OF THE IMPLEMENTATION OF THE
CONTINGENCY SERVICES PLAN AT MARTIN LUTHER
KING, JR. – HARBOR HOSPITAL**

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

MLK MACC Service Indicators

Urgent Care

There were 463 total (adult and pediatric) urgent care visits in the week ending December 15, 2007 (Attachment I). This is a 3% decrease from the prior week when 476 visits were provided.

There were 33 patients transferred out of the urgent care center to hospitals (primarily Harbor-UCLA Medical Center) during the week ending December 15, 2007, compared to 35 patients the prior week. Two of these transfers were initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

The number of outpatient primary and specialty care visits for the week ending December 15, 2007, was 2,471 (Attachment I). This is a 2% increase from the prior week when 2,414 visits were provided.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports

As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance service areas to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from MLK's

geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was also allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

During the week ending December 15, 2007, a daily average of 913 patients registered in the EDs of the seven impacted hospitals that reported data for the week (Attachment II). Since two of the impacted hospitals have not yet reported data for this time period it cannot be compared to the prior week. Harbor-UCLA Medical Center registered a daily average of 264 ED patients during the week ending December 15, compared to 272 the prior week. LAC+USC Medical Center registered a daily average of 381 ED patients during the week ending December 15, compared to 405 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending December 15, 2007, there was a daily average of 202 9-1-1 transports to the seven impacted hospitals that reported data for the week (Attachment II). Since two of the impacted hospitals have not yet reported data for this time period it cannot be compared to the prior week. Harbor-UCLA Medical Center had a daily average of 23 9-1-1 transports during the week ending December 15, compared to 32 the prior week. LAC+USC Medical Center had a daily average of 43 9-1-1 transports during the week ending December 15, compared to 45 the prior week. This data is also self-reported by the hospitals.

Conclusion

Effective with this report the Department will begin providing status reports on a monthly basis. When significant events occur the Department will notify your Board with interim reports. In the meantime, if you have any questions or need additional information, please let me know.

BAC:cb
708:004

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services
MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER
 Urgent Care, Primary and Specialty Care Visits
 Week Ending December 15, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	11/17/2007	11/24/2007	12/1/2007	12/8/2007	12/15/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	556	415	469	515	436	494	476	463	→
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	2,054*	1,520*	2,572	2,414	2,471	↔

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

* Number of visits is lower due to holidays. This number is weighted for use in the calculation of the trend indicator.

Los Angeles County Department of Health Services
SELF-REPORTED POLL OF HOSPITALS IMPACTED BY CLOSURE OF MLK-HARBOR HOSPITAL

Hospital	Average Daily Emergency Department (ED) Volume										Trend Indicator ¹
	Week of 10/7/07- 10/13/07	Week of 10/14/07- 10/20/07	Week of 10/21/07- 10/27/07	Week of 10/28/07- 11/3/07	Week of 11/4/07- 11/10/07	Week of 11/11/07- 11/17/07	Week of 11/18/07- 11/24/07	Week of 11/25/07- 12/1/07	Week of 12/2/07- 12/8/07	Week of 12/9/07- 12/15/07	
California Hospital Medical Center: 26 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	164	170	169	150	154	165	151	157	153	149	→
# of 9-1-1 Transports	50	48	55	50	49	53	49	45	48	47	→
Centinela Freeman Regional Medical Center: 36 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	169	174	172	158	166	180	170	176	169	169	→
# of 9-1-1 Transports	58	55	57	52	55	60	60	50	47	53	→
Downey Regional Medical Center: 22 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	128	132	127	129	128	137	128	125	121	116	↓
# of 9-1-1 Transports	24	25	21	22	24	25	21	20	21	26	↑
Kaiser Foundation - Bellflower: 45 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	238	232	244	238	224	238	220	227	222	220	→
# of 9-1-1 Transports	24	25	24	22	23	25	21	24	25	25	↑
Lakewood Regional Medical Center: 14 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	92	94	104	97	91	100	98	92	87	89	↓
# of 9-1-1 Transports	11	14	17	18	18	16	15	17	14	19	↑
Long Beach Memorial Medical Center: 53 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	248	248	247	227	224	246	236	236	235	*	*
# of 9-1-1 Transports	40	39	42	36	35	42	37	34	43	*	*
Memorial Hospital of Gardena: 10 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	83	85	83	71	76	84	73	80	71	72	↓
# of 9-1-1 Transports	20	17	16	14	18	18	12	15	15	14	↓
St. Francis Medical Center: 39 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	167	163	187	177	170	174	163	161	171	*	*
# of 9-1-1 Transports	30	26	30	31	32	30	30	31	37	*	*
White Memorial Medical Center: 28 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	111	114	113	115	108	114	109	108	103	98	↓
# of 9-1-1 Transports	16	20	18	17	15	18	14	15	19	18	↑
TOTAL											
# of Patients Registered in the Emergency Department	1,398	1,412	1,446	1,362	1,341	1,438	1,348	1,360	1,332	913 ⁴	↓
# of 9-1-1 Transports	273	269	280	262	269	287	259	251	269	202 ⁴	↓
Harbor/UCLA Medical Center: 55 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	228	219	225	209	210	246	246	280	272	264	→
# of 9-1-1 Transports	29	24	29	25	28	26	27	28	32	23	↑
LAC+USC Medical Center: 72 Emergency Department Treatment Stations											
# of Patients Registered in the Emergency Department	424	423	445	423	411	422	379	412	405	381	↓
# of 9-1-1 Transports	47	49	54	48	52	50	47	45	45	43	↓

* Not reported/available

These numbers have been updated based on revised information.

¹ Trend indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater. Trend indicator is reported where data is available.

² Beginning the week of 9/30/07, Harbor/UCLA Medical Center began reporting all ambulance transports (Medical, Trauma, Advanced Life Support (ALS), and Basic Life Support (BLS)). Prior to the week of 9/30/07 BLS transports were not included in the total.

³ Prior to the week ending 8/29/07, total for number of 9-1-1 transports does not include Long Beach Memorial Medical Center.

⁴ Total does not include Long Beach Memorial Medical Center and St. Francis Medical Center.